

# MO1 0000002024

LOGICA CAPITAL PARTNER, LLC  
2601 South Bayshore Drive, PH1-C  
Coconut Grove, FL 33133  
Phone: (305) 859-9066  
Fax: (305) 856-6615

## TRANSMITTAL LETTER

6 August 2001

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company For Authorization To Transact Business In Florida

500004527205--G  
-08/03/01--01058--001  
\*\*\*\*160.00 \*\*\*\*160.00

Dear Sirs or Madame:

Enclosed please find the above referenced application of **Logica Capital Partners, LLC** to register as a foreign Limited Liability Company for authorization to transact business in Florida as required under and in compliance with Sections 608.503 (1), 608.415 of Florida Statutes.

MO1-18588

Enclosed please find the following documents in compliance with said registrations requirements:

- Completed Application.
- Completed Certificate of Designation of Registered Agent
- Originals of:
  - Certificate of Organization Certificate of Formation of CrossPoint Capital Partners, LLC
  - Certificate of Amendment of CrossPoint Capital Partners, LLC (amending name to Logica Capital Partners, LLC)
- Check #0095 in the \$160.00 in full payment consisting of:
  - \$100.00 Filing Fee for Application
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy, and
  - \$ 5.00 Certificate of Status

Your prompt attention and written acknowledgement would be greatly appreciated.

Should you have any question, please do not hesitate to contact the undersigned at the above telephone numbers.

Sincerely yours,

Angel M. Solorio  
Managing Director

FILED  
01 SEP -4 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
8/4



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 13, 2001

LOGICA CAPITAL PARTNER, LLC  
% ANGEL M. SOLORIO  
2601 SOUTH BAYSHORE DR., PH1-C  
COCONUT GROVE, FL 33133

SUBJECT: LOGICA CAPITAL PARTNERS, LLC  
Ref. Number: W01000018588

We have received your document for LOGICA CAPITAL PARTNERS, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays  
Document Specialist

Letter Number: 701A00046

01 SEP -4 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. LOGICA CAPITAL PARTNERS, LLC  
(Name of foreign limited liability company)

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 7/17/01  
(Date of Organization)

5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. AUGUST 1, 2001  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2601 South Bayshore DR., PH1-C  
COCONUT GROVE, FL 33133  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

<u>ANGEL M. SOLORIO</u>	<u>MARIANGELES LLACA</u>
<u>2601 South Bayshore DR., PH1-C</u>	<u>2601 South Bayshore DR., PH1-C</u>
<u>COCONUT GROVE, FL 33133</u>	<u>COCONUT GROVE, FL 33133</u>

FILED  
01 SEP 14 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

FINANCIAL ADVISORY

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANGEL M. SOLORIO  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LOGICA CAPITAL PARTNERS, LLC

2. The name and the Florida street address of the registered agent and office are:

ANGEL M. SOLORIO -OR- MARIANBELES LARA  
(Name)

2601 South Bayshore DR. PH1-C  
Florida street address (P.O./Box **NOT** ACCEPTABLE)

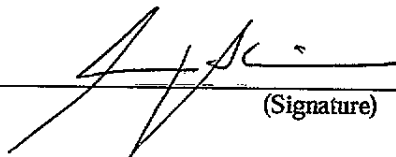
COCONUT GROVE FL 33133  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP -4 PM 1:57

FILED

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOGICA CAPITAL PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOGICA CAPITAL PARTNERS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
01 SEP -4 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3407547 8300

010403933

*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1298838

DATE: 08-16-01