## M04-60000 1086

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filling Officer:	
		5/4.
	Office Use Onl	11/8



700033951457

04/28/04--01073--005 \*\*160.00

O4 APR 28 AMII: 49
SECULTARY OF STATE
AND APPRESED TO THE PROPERTY OF STATE
OF STATE OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE

11621 Kew Gardens Avenue Suite 210 Palm Beach Gardens, FL 33410 561/622-8343 Phone 561/622-8455 Fax

#### North Shore Capital Management, L.L.C.

# OL APR 28 AN III L

#### Memo

To:

Registration Section

Florida Division of Corporations

409 E. Gaines St.

Tallahassee, FL 32399

From: Ed Chestolowski

CC: File

Date: April 27, 2004

Re:

Registration of a new foreign LLC

We have recently set up a new Delaware LLC for the following entity and would like to register it to transact business in Florida:

Astor Park Investment Partners, LLC

Please find included the Certificate of Existence and Good Standing from the state of Delaware. Also find included the paperwork and a check for \$160.00 for the following:

- \$100.00 filing fee
- \$25.00 registered agent fee
- \$5.00 certificate of status fee
- \$30.00 certified copy of record fee

Please send the registration back to us via Federal Express next day regular service, using our account #229631802.

Please contact me if you need anything further.

Thank you.

Ed Chestolowski

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOLLOWING IS SUBMITTED TO REGISTER A FOLLOWINED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN		
1. Astor Park Investment Partners, LLC (Name of foreign limited liability company)			
2. De aulare (Jurisdiction under the law of which foreign limited liability company is organized)  3. 33-1084321  (FEI number, if applicable)	with the same		
4. March 23, 2004  (Date of Organization)  (Duration! Year limited liability company Will sease to exist or "perpetual")			
6. March 23, 2004 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	Ö		
7. 11621 Rew Gardens Avenue, Suite 210 >			
Palm Beach Gardens, FL 3340 (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:			
Doug Reich, Nicolet Capital Management, LLC.			
11621 Kew Gardens Avenue			
Suite 210			
Palm Beach Gardens, FL 33410			
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording function under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under eath of the translator must be submitted.)			
11. Nature of business or purposes to be conducted or promoted in Florida: <u>Investments</u>			
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.)			
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:
	Astor Park Investment Partners, LLC
2.	The name and the Florida street address of the registered agent and office are:
	Doug Reich
	(Name)
	11621 Kew Gardens Avenue, Suite 210 Florida street address (P.O. Box NOT ACCEPTABLE)
	Palm Beach Gardens FL 33410  RESERVED  (City/State/Zip)
	ring been named as registered agent and to accept service of process for the above stated limited
lial reg stai	ility company at the place designated in this certificate, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of all utes relating to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 608, F.S.
	- Consoftings

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

\$ 5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

### Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASTOR PARK INVESTMENT 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 TWENTY-THIRD DAY OF MARCH, A.D. 2004.



Darriet Smith Windson Secretary of State

Harriet Smith Windsor, Secretary of State **AUTHENTICATION**: 3007087

DATE: 03-23-04

3765706 8300

040213280