M04000004595

(Requestor's Name)	
(Requestors Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certificates of Status Certificates of Status	
Special Instructions to Filing Officer:	
- the torine cent EUU	
W. Verlifyer DCC	
Office Use Only Afrite Treasturer accepted after verification with that office was made that this LLC was in Good Anding " Renze	
after verification with	
Mat office was made that	
Alabarah " Renzer,	



09/24/04--01034--002 **160.00

T

224 17 22 A II: 33

Cart Brancact tous mess

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Silverglade Capital Advisors, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Greg Heller

(Name of Person)

Silverglade Capital Advisors, LLC
(Firm/Company)
398 SE Mizner Blvd. - #1917
(Address)
Boca Raton, FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Hellerat (561)362-6409(Name of Person)(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 29, 2004

GREG HELLER SILVERGLADE CAPITAL ADVISORS, LLC 398 SE MIZNER BLVD., #1917 BOCA RATON, FL 33432

SUBJECT: SILVERGLADE CAPITAL ADVISORS, LLC Ref. Number: W04000036023

We have received your document for SILVERGLADE CAPITAL ADVISORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 404A00056931

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

4

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Silverglade Capital Advisors, LLC							
	(Name of Foreign Limited Liability Company)							
~.	New Jersey Jurisdiction under the law of which foreign limited liability company is organized) 3, 73-1698118 (FEI number, if applicable)							
4.	3/18/04 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")							
6.	(Date first transacted Jusiness in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)							
7.	398 SE Mizner Blvd #1917							
	Boca Raton, FL 33432 (Street Address of Principal Office)							
8.	(Street Address of Principal Office) \sim							
9.	The name and usual business addresses of the managing members or managers are as follows							
Greg Heller - 398 SE Mizner Blvd #1917, Boca Raton, FL 33432								
	George Koutsaftes - 79 Twin Falls Rd., Berkeley Heights, NJ 07922							
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records is jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)							
11	Nature of business or purposes to be conducted or promoted in Florida: Corporate financial advisory							

services

, ¹

Lee S. 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.) Greg 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:

Silverglade Capital Advisors, LLC

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

	(Name)		
398 SE Mizner Blvd	#1917		2631
Florida Str	eet Address (P.O. Box <u>NOT</u> ACCEPTABLE)		- CT 2:
Boca Raton,	FL 33432	Ì	\sim
	City/State/Zip		$\neg \triangleright$
		-	
		2	ω.

Having been named as registered agent and to accept service of process for the above shiled 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, Florida Statutes.

(Signature)

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

