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#### TRANSMITTAL LETTER

Registration Section Division of Corporations

Enclosed is a check for the following amount:

□ \$130.00 Filing Fee &

Certificate of Status

☐ \$125.00 Filing Fee

TO:

| (Trugle of Enfoce Elability Company)   |   |
|--|---|
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business i 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:  Michael Scher   |   |
| (Name of Person)   | - |
| The Law Offices of Michael C. Scher  |   |
| (Firm/Company)   |   |
| 18851 N.E. 29th Avenue Shite 700   | C |
| (Address)  |   |
| Avery wa FL 33/86  (dity/State and Zip Code)   |   |
| (dity/State and Zip Code)  |   |
| For further information concerning this matter, please call:   |   |
| Michael Scher at 305, 749-25/4   |   |
| (Name of Person) (Area Code & Daytime Telephone Number)  |   |
| STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  Till-language Florida 22220  Till-language Florida 22220  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327                                       |   |
| Tallahassee, Florida 32399 Tallahassee, Florida 32314  |   |

\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy

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

| IN C'OMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN<br>LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  |
|---|
| 1 MOON Capital Advisors ((C   |
| (Name of Foreign Limited Liability Company)   |
| 2 Delaviare.  |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)  |
| 4. 7/22/05 5. Perpetual   |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")  |
| 6. No business has been transacted to date  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)   |
| 7. 17720 N. Bay Rd. # 904   |
| Sunny Isles, FL 33160   |
| (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:  |
| David Ratner & Jeffrey Glusman  |
| 17720 N. Bay Rd. #904   |
| Sunny Isles EL 331/00   |
|   |
| 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: A COMDANA  |
| that manages money for pither individuals or institutions   |
| through equity investments.   |
| 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   |
| MIIchael Scher  |

## 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 Commany is:

| May Capital Havisors, LC   |         |
|--|---------|
| 2. The name and the Florida street address of the registered agent and office are: |         |
| Michael Scher  |         |
| 18851 N.E. 29th Avenue Suite 70  | )<br>() |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   |         |
| HUCHURA FL 33180   | • (     |

1 1

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, Florida Statutes.

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



PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOGUL CAPITAL ADVISORS, L.L.C." 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-SECOND DAY OF JULY, A.D. 2005.



Farriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4039381

DATE: 07-22-05

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