

M05000005568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

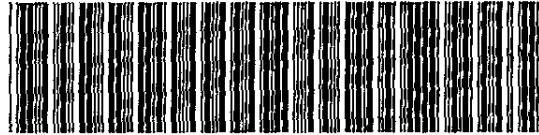
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BR

Office Use Only



200059993942

FILED

05 OCT -4 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 OCT -4 PM 4:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 633412 4813885

AUTHORIZATION :

Patricia Pappas

COST LIMIT : \$ 125.00

FILED
05 OCT -4 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 4, 2005

ORDER TIME : 3:11 PM

ORDER NO. : 633412-005

CUSTOMER NO: 4813885

FOREIGN FILINGS

NAME: CPA DIRECTED MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

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. CPA Directed Management, LLC
(Name of Foreign Limited Liability Company)
2. Delaware 3. Applied For
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable)
company is organized)
4. May 31, 2006 5. Perpetual
(Date of Organization) (Duration: Your limited liability company will cease to
exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 6821 Palisades Park Court - Suite 1
Fort Meyers, FL 33912
(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:

Mark C. Northrop, Managing Member

6821 Palisades Park Court, Suite 1, Fort Meyers, FL 33912

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: _____

Investment Management

Mark C. Northrop
Signature of a member or an authorized representative of a member.
(In accordance with section 608.406(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark C. Northrop, Managing Member

Typed or printed name of signee

FILED
05 OCT -4 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

CPA Directed Management, LLC

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

Mark C. Northrop

(Name)

8821 Palisades Park Court - Suite 1

Florida Street Address (P.O. Box ~~NOT~~ ACCEPTABLE)

Fort Meyers

FL 33912

City/State/Zip

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.


(Signature)

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

Delaware

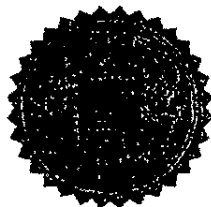
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPA DIRECTED MANAGEMENT, 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 FOURTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CPA DIRECTED MANAGEMENT, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2005.

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



3970931 8300

050811918

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4203001

DATE: 10-04-05