

M05000006407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

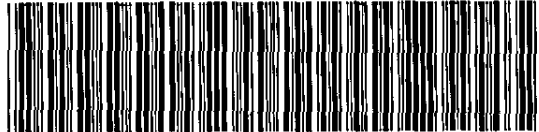
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

November 21, 2005

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6504756 SO  
Customer Reference 1: 34200  
Customer Reference 2: 0009

Dear Secretary of State, Florida:

Please obtain the following:

Alumni Capital, LLC (DE)  
Certificate of Status-Foreign  
Florida

Alumni Capital, LLC (DE)  
Registration  
Florida

Alumni Capital, LLC (DE)  
Cert Copy of Articles of Inc  
Florida

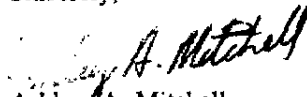
Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960  
Tel 850 222 1092  
Fax 850 222 7515

**CT CORPORATION**

Sincerely,



Ashley A. Mitchell  
Fulfillment Specialist  
Ashley.Mitchell@wolterskluwer.com

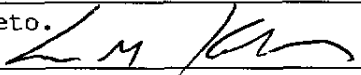
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1203 Governors Square Blvd  
Tallahassee, FL 32301-2960  
Tel. 850 222 1092  
Fax 850 222 7515

**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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Alumni Capital, LLC  
(Name of Foreign Limited Liability Company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 04-3575153  
(FEI number, if applicable)
4. September 14, 2001  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Not Applicable  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 595 Bay Isles Road, Suite 120G  
Longboat Key, Florida 34228  
(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:
- Eric M. Kobren
- 595 Bay Isles Road, Suite 120G
- Longboat Key, Florida 34228
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: To act as a general partner or managing member of one or more entities engaged in the investment management business and, in general, to engage in any lawful activities directly or indirectly related or incidental thereto.

  
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.)

Eric M. Kobren, Authorized Person  
Typed or printed name of signee

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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:

Alumni Capital, LLC

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

Eric M. Kobren

(Name)

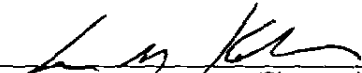
595 Bay Isles Road, Suite 120G

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

Longboat Key, FL 34228

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.*

  
Eric M. Kobren (Signature)

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

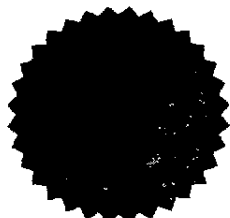
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALUMNI CAPITAL, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3435843 8300

AUTHENTICATION: 4305042

050939493

DATE: 11-17-05