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SECRETARY OF TALL SHASSEE, F	STATE LORIDA	
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### **COVER LETTER**

Registration Section TO: Division of Corporations

**☑**\$125.00 Filing Fee

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SUBJECT:	SeaCap Management 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:

□\$130.00 Filing Fee &

Certificate of Status

David A Jenkins		
(Name of Person)		
SeaCap Management LLC		
(Firm/Company)		
70 Beachside Drive #30	)2	
(Address)		
Orchid, FL 32963		
(City/St	ate and Zip Code)	
For further information concerning this matter, ple	ase call:	
David A Jenkins	at ( 973 ) 426-0300	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:		

□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate

of Status & Certified Copy

Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMILTRE (ID): LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SeaCap Management LLC (Name of Foreign Limited Liability Company) 3. 20-3331634 2. Wyoming (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. June 22, 2005
(Date of Organization) 5 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") 15 2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 70 Beachside Drive #302, Orchid, FL 32963 (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 Jenkins, 70 Beachside Drive #302, Orchid, FL 32963 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

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.)

David A Jenkins

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE, FEB 22 P 2: 54

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:

SeaCap Management LL0	SeaCap	Management	LL	C
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2. The name and the Florida street address of the registered agent and office are:

David Jenkins				
	(Name)			
70 Beachside [	Drive #302			
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Orchid	FL 32963			
	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.

Loul Ga Co (Signature)

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

# State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that SEACAP MANAGEMENT, LLC, a limited liability company organized under the laws of the State of Wyoming, did on 07/05/2005, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 2nd day of February A.D., 2006.



Secretary of State

By Sinda Muil