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2006 MAR 10 P 5: 25 SECRETARY OF STATE (Requestors Name) SEE. FLORIDA (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:

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COVER LETTER

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TO: Registration Section Division of Corporations

2006 MAR 10 P 5: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: NEWCASTLE CAPITAL MARKETS, 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

□\$125.00 Filing Fee

DENNIS THOMAS	
(Na	me of Person)
CENTURION ENTERPRIS	ES, LLC
(Fir	m/Company)
8666 Seminole Blvd	
	(Address)
Seminole, FL 33772	
(City/Sta	ate and Zip Code)
For further information concerning this matter, ple	ase call:
DENNIS THOMAS (Name of Person)	at (727) 398-2080 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	

☐ \$155.00 Filing Fee &

Certified Copy

□\$160.00 Filing Fee, Certificate

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUT LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	TES, THE FOLLOWING IS SUBMITTED TO REGISTER SA POREIGN E STATE OF FLORIDA: TALLAHASSEE, FLORIDA
1. NEWCASTLE CAPITAL MARKETS, LLC	THANSSEE, FLORIDA
(Name of Foreign Limited	Liability Company)
2. Delaware	3. 20-0856497
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Effective January 1, 2006	
(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	orida, if prior to registration.) . to determine penalty liability)
7. 8666 Seminole Boulevard	
Seminole, FL 33772	
(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 man	naging members or managers are as follows:
Centurion Enterprises, LLC	
8666 Seminole Blvd	
Seminole, FL 33772	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted o	r promoted in Florida:
Introducing Broker for Futures and Com	modity Transactions
Oa Wh	
	thorized representative of a member. S., the execution of this document constitutes ury that the facts stated herein are true.)

Dennis Thomas, Managing Member of Manager
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE MAR 10 P 5: 26

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA SHATE FOR 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:

NEWCASTLE CAPITAL MARKETS, LLC

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

Dendar Enterprise	s, Inc.	
	(Name)	
8666 Seminole B	oulevard	
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
Seminole	FL 33772	
	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)

Pres

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

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWCASTLE CAPITAL MARKETS, 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 FEBRUARY, A.D. 2006.

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



Varriet Smith Windson, Secretary of State

AUTHENTICATION: 4530699

DATE: 02-17-06

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