# M000000003553

(R	equestor's Name)		
(Ai	ddress)		
(Ad	ddress)		
(Cl	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Ва	usiness Entity Name)		
(De	ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		
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	Office I Ise Only		



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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: J Giordano Securities LLC	
	mited Liability Company)
	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.
Please return all correspondence concerning this	matter to the following:  PART 28 PH 2: 36  Name of Person)
David Kronenberg	
	Name of Person)
J Giordano Securities LLC	36 36
(F	Firm/Company)
1234 Summer Street	
	(Address)
Stamford, CT 06905	
(City/S	State and Zip Code)
For further information concerning this matter, p	lease call:
David Kronenberg	at ( 203 <sub>)</sub> 975-5262
(Name of Person)	(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:  \$\Bigsim \\$125.00 \text{ Filing Fee} \Bigsim \\$130.00 \text{ Filing Fee} & Certificate of the following amount:	

## '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 RUSINESS IN THE STATE OF FLORIDA:

	S DIMITION TEXTURES.			
1. J Giordano Securities LLC				
(Name of Foreign Limited Liability Company)				
2. Delaware	3. 061569801			
(Jurisdiction under the law of which foreign limited liability company is organized)	5. Perpetual  (FEI number, if applicable)  7. Perpetual			
, , , ,	Po B			
	5. Perpetual %			
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")			
6 N/A	The state of the s			
(Date first transacted business in F	lorida, if prior to registration.)			
(See sections 608.501 & 608.502 F.S	S. to determine penalty liability)			
7. 1234 Summer Street, Stamford, CT 06905				
(Street Address	of Principal Office)			
8. If limited liability company is a manager-managed	l company, check here 🗹			
9. The name and usual business addresses of the mar	agging members or managers are as follows:			
7. The name and usual business addresses of the mai	laging members of managers are as follows.			
Giordano & Company Inc.				
1234 Summer Street				
120 T Gaillino Greet				
Stamford, CT 06905				
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: Securities Broker-Dealer			
(In accordance with section 608.408(3), I an affirmation under the penalties of perjumes Giordano	othorized representative of a member.  F.S., the execution of this document constitutes intry that the facts stated herein are true.)  I name of signee			

### 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.

	the Limited Liability Company is:	06 APR 28
2. The name and	d the Florida street address of the registered agent and office are:	PH 2: 36
	Jack Spiegelman	7
-	(Name)	_
-	1800 Corporate Blvd., N.W., Suite 303	_
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
<u>-</u>	Boca Raton, FL 33431	<del></del>
	City/State/7in	

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

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "J GIORDANO SECURITIES 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 TWENTY-FIRST DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "J GIORDANO SECURITIES LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 1999.

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

Warriet Smith Hindson Harrier Smith Windson, Secretary of State 75 67

3152303 8300 050322928

DATE: 04-21-05