

MO6000003737

(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:

Bruce GAVE
AUTHORIZATION BY PHONE TO
CORRECT RA
DATE 7/5/06
DOC. EXAM. _____

Office Use Only



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06/12/06--01002--007 **125.00

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06 JUL -5 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GA. DEPT. OF REVENUE JUL -6 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2006

ALICE M. MERO
HARBORSIDE FINANCIAL CENTER
1100 PLAZA 5
JERSEY CITY, NJ 07311

SUBJECT: ICAP CORPORATES LLC
Ref. Number: W06000027245

We have received your document for ICAP CORPORATES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must complete number 7 of the application. A LLC cannot serv as its own REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 706A00040469



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2006

ALICE M. MERO
HARBORSIDE FINANCIAL CENTER
1100 PLAZA 5
JERSEY CITY, NJ 07311

SUBJECT: ICAP CORPORATES LLC
Ref. Number: W06000027245

We have received your document for ICAP CORPORATES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete #'s 7, 8 or 9 of the application. A corporation cannot serve as its own Registered Agent designate an individual or another active Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 706A00040469

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICAP Corporates 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:

Alice M. Mero
(Name of Person)

ICAP Corporates LLC
(Firm/Company)

Harborside Financial Center, 1100 Plaza 5
(Address)

Jersey City, NJ 07311
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce E. Fenske at (212) 341-9944
(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

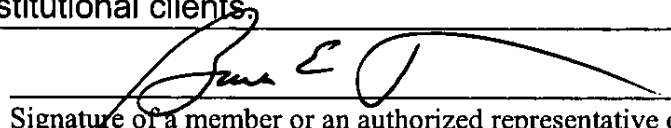
Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & 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 SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ICAP Corporates LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 06/30/1998
(Date of Organization)
5. _____
(Duration: Year limited liability company will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. CT CORPORATION SYSTEM
1200 South Pine Island Rd. - PLANTATION, FL. 33324
(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:
Emilio Leone CRO # 1216404
2202 N. WEST SHORE BLVD. SUITE 200
TAMPA, FLORIDA 33607
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: Securities Broker Dealer
for qualified institutional clients.



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.)

BRUCE E. FENSKE

Typed or printed name of signee

FILED
06 JUL -5 PM 12:54
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:

ICAP Corporates LLC

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

BRUCE E. FENSKE

(Name)

433 Plaza Real - Suite 255

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

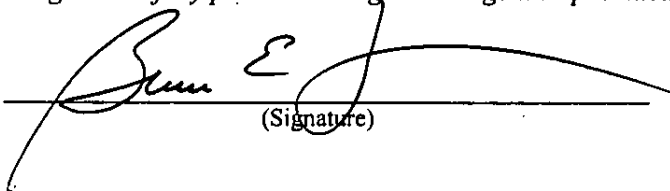
Boca Raton,

FL 33432

City/State/Zip

FILED
06 JUL -5 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

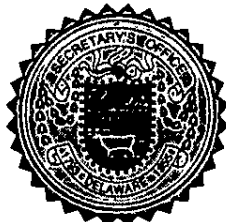
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICAP CORPORATES 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 SEVENTH DAY OF JUNE, A.D. 2006.

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



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2915393 8300

AUTHENTICATION: 4804759

060550054

DATE: 06-07-06