

M06000005444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

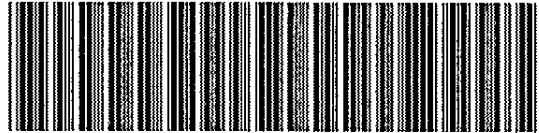
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 29 PM 3:55

CLERK OF COURT

M06-5444
GL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2006

BRETT FOGLE
1698 SW 16TH ST
BOCA RATON, FL 33486

SUBJECT: SHOGUN OPTIONS LLC
Ref. Number: W06000041106

We have received your document for SHOGUN OPTIONS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 106A00056078

SEP 19 2006 3:53 PM

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOGUN OPTIONS 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:

BRETT J FOGLE
(Name of Person)

OPTIONS UNIVERSITY LLC
(Firm/Company)

1698 SW 16TH ST
(Address)

BOCA RATON FL 33486
(City/State and Zip Code)

For further information concerning this matter, please call:

BRETT J FOGLE at (561) 347.7853
(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

2006 SEP 29 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL

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OptionsUniversity™

Options University
1698 SW 16th St | Boca Raton, FL 33486
1-866-561-8227 | fax 561-395-4844

To whom it may concern,

Please find the 'Certificate of Existence' for both SHOGUN OPTIONS LLC and OPTIONS UNIVERSITY ADVISOR LLC, showing that both are in good standing with the state of Delaware.

If you have any questions, please let me know.

Thank you,

Brett Fogle
Options University, LLC
866-561-8227
561-347-7853 (direct)

2006 SEP 29 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. SHOGUN OPTIONS LLC
(Name of Foreign Limited Liability Company)
2. DELAWARE 3. 20-5292891
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. AUGUST 28, 2006 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. SEPTEMBER, 13TH 2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1698 SW 16TH ST
BOCA RATON, FL 33486
(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:

BRETT FOGLE
1698 SW 16TH ST
BOCA RATON FL 33486

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: OPTIONS
ADVISORY SERVICE / STOCK OPTION TRADING

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.)

BRETT J FOGLE
Typed or printed name of signee

2006 SEP 29 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:

SHOGUN OPTIONS LLC

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

BRETT J FOGLE

(Name)

1698 SW 16TH ST

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

BOCA RATON FL 33486

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 "SHOGUN OPTIONS 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-SECOND DAY OF SEPTEMBER, A.D. 2006.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5062705

DATE: 09-22-06