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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ORIGINAL

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Karpman Capital Management, LI	LC
(Name of Limite	ed Liability Company)
	ility Company for Authorization to Transact Business in mitted to register the above referenced foreign limited
Please return all correspondence concerning this mat	tter to the following:
J. Eric Van Atta	
(Nam	e of Person)
Sims Moss Kline & Davis LLP	
(Firm	/Company)
Three Ravinia Drive, Suite	
(A	Address)
Atlanta, GA 30346	
(City/State	e and Zip Code)
For further information concerning this matter, pleas	e call:
J. Eric Van Atta	at (770) 481-7232
(Name of Person)	(Area Code & Daytime Telephone Number)
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 St	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

j. Karpmar	n Capital Management, LLC				
	(Name of Foreign Li	mited Li	ability Company)		
2. Delaware)	3.			
(Jurisdiction company is	under the law of which foreign limited lie	bility	(FEI number, if applicable)		
4. Decem	ber <u>2,</u> 2005	5.	Perpetual		
	(Date of Organization)	-	(Duration: Year limited liability company we exist or "perpetual")	fill cease to	
6	(Date first transacted busines (See sections 608.501 & 608.5	ss in Flo	rida, if prior to registration.)		
_{7.} 2451 M	cMullen Booth Road, Suite 2		o determine penalty matrixy)		
Clearw	ater, Florida 33759		·		
	(Street A	ddress o	f Principal Office)		
8. If limited	liability company is a manager-ma	naged (company, check here		
9. The name	and usual business addresses of th	e mana	ging members or managers are as follow	ws:	
Kenneti	1 B. Karpman, 2451 McMullen B	sooth F	Road, Suite 220, Clearwater, FL 337	59	
			`		•
		<u> </u>			
10. Attached is	an original certificate of existence, no more t	han 90 d	ays old, duly authenticated by the official having o	ustady of rea	onds in
			is not acceptable. If the certificate is in a foreign		
translation of th	e certificate under oath of the translator must	be subm	itted.)		
11. Nature o	of business or purposes to be condu-	cted or	promoted in Florida:		
private	investment management				
	Kenneth	B.	Kayen	·	•
	(In accordance with section 608.4	08(3), F.	horized representative of a member. S., the execution of this document constitutes by that the facts stated herein are true.)		
	Kenneth B. Karpman			90	Įγία
	Typed or i	rinted	name of signee	0	225

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:		•
Karpman Capital Management, LLC		

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

Kenneth B. Karpma	n
	(Name)
2451 McMullen Bo	ooth Road, Suite 220
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
Clearwater	_{FL} 33759
	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.

Konnett B. Chym.
(Signature)

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KARPMAN CAPITAL MANAGEMENT, 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 TENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KARPMAN CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2005.

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5101902

DATE: 10-10-06

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