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SECRETARY OF STATE
DIVISION OF COLOR CANDAGE

COVER LETTER

_	ration Section on of Corporations		
SUBJECT: _	Signature Capit (Name of Limit	ited Liability Company)	
Florida," Certi		bility Company for Authorization to Transac bmitted to register the above referenced fore	
Please return a	all correspondence concerning this m	natter to the following:	
	Nira G.	me of Person)	ار 2010 ا
	(Na	me of Person)	90 90 18 19 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19
		where Capital	SECRETARY OF STATE AVISTATO OF CONTROL 2006 OCT 24 PH 12: 51
	V Fin	m/Company)	PH IZ
	100 Com	nercial St., Site 410 (Address)	: 50
		(Address)	
	Bortland	L ME OYIOI	_
	(City/Sta	ate and Zip Code)	
For further inf	formation concerning this matter, plea	ase call:	
	Nma G. O'Hare	at (207) 773-8173 (Area Code & Daytime Telephone Num	
	(Name of Person)	(Area Code & Daytime Telephone Num	iber)
Divisio P.O. B	ING ADDRESS: on of Corporations fox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\square\$\square\$\square\$\$\square\$\$\$125.00 Filing Fee \square\$			

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: Signature Capital Management LLC
(Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable) company is organized) (Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 100 Commercial Street Svite 410 (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 follow 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: Financial Services 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.)

William J. Turner
Typed or printed 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.

1. The name of the Limited Liability Company is:		
Signature Capital Management LLC		
0		
2. The name and the Florida street address of the registered agent and office are:		
William J. Turner	2006 OCT 24	iolsivio 803s
(Name))T 24	GARY TARY
2035 Snook Drive	<u> </u>	:: :::::::::::::::::::::::::::::::::::
Florida Street Address (P.O. Box NOT ACCEPTABLE)	2	STA R/H
	M 12: 50	·
Noples FL 34102		
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)

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

State of New York Department of State } ss:

I hereby certify, that SIGNATURE CAPITAL MANAGEMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/06/1997, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of October two thousand and six



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