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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CAPTIVE ALTERNATIVES 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:				
ROBERT A. ZACK (Name of Person)				
LAW OFFICE OF ROBERT A. ZACK, PA (Firm/Company)				
PO BOX 50444 (Address)				
(Address)				
SARASOTA FL. 34232 (City/State and Zip Code) (City/State and Zip Code) ROBERT A. ZACK at (941) 377-32020 8				
(City/State and Zip Code) SSR 20 For further information concerning this matter, please call:				
ROBERT A. ZACK at (911) 377-32050 8 (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: X S125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy Certified Copy				

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1CAPTIVE ALTERNATIVES, LLC (Name of Foreign Limited Liability Company)
(Name of Foreign Limited Liability Company)
2. NEVIS W.I. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
company is organized)
4. OCT. 3, 2006 (Date of Organization) 5. PERPETUA U (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. OCT. 3 2006 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. MILL BISCAYNE BUD, PRE
MIAMI, FL. 33181 (Street Address of Principal Office)
(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: MARK JACOBS 11111 BISCAYNE BLOO, MIAMI
ANNE E. DEARIE-JACOBS 360 COLERAINE PL. ROSWELL, G
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:
TO BUSINESSES
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.)
MANK JALOBS
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:		
	CAPTIVE ALTERNATIVES	LLC	
2.	The name and the Florida street address of the registered agent LAW OFFICE OF ROBERT A. ZACK, (Name) 3958 DEFOE SQ Florida Street Address (P.O. Box NOT ACC SARASOTA FL City/State/Zip	SECRETARY TALL AHASSE	

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 proyided 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)

ISLAND OF NEVIS OFFICE OF THE REGISTRAR OF COMPANIES

CERTIFICATE OF FORMATION

I HEREBY CERTIFY that

CAPTIVE ALTERNATIVES LLC

is duly formed and has filed articles of organization under the provisions of the Nevis Limited Liability Company Ordinance 1995, as amended, on

3rd October, 2006

Given under my Hand & Seal at Charlestown this 3rd day of October, 2006

Registrar of Companies

CFL1M6

No. L 8611