

Division of Corporations Public Access System

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

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SECRETAL OF STATE
ALLAHASSEF PLORIDA

Contrarian LLC

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Corporate Filing Menu

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

	:		
	(Name of Foreign Limited)	Liability Company)	
Delaware	3	3. 78-3230073	
Company is orga	er the law of which foreign limited liability nized)	(FRI number, if applicable)	
January 30, 20	97	5. Perpetual	
	Oute of Organization)	(Duration: Your limited Hability company will come to citist or "perpetual")	
· <del></del>	(Onto first transacted business in Fi (See sections 608.50) & 608.502 F.S.	onds, if prior to registration.)	
16310 à-x	Drive, Suite 220, Tampa, Florida 33647	co coccumic pensary monety)	
. 13310 Amounty	TWISC Strike Con! Transfer Milities 1904)		
	(Street Address	of Principal Office)	
. If limited list	sility company is a manager-managed	company, check here	
. The name an	d usual business addresses of the man	aging members or managers are as follows:	
LCM Clobal I	erners LLC, 15310 Amberly Drive, Suin 22	KO, Teinga, Floride 33647	
R.) Contrarian	LLC, 880 Carillon Parkway, St. Petersburg.	Florida 33716	
ustody of records	in the jurisdiction under the law of which	than 90 days old, duly authenticated by the official having it is organized. (A photocopy is not acceptable. If the cert under eath of the translator must be submitted.)  promoted in Florida:	ific
1. Nature of bu		•	
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1. Nature of bu	D. Sett - Co.	2	
l. Nature of bu	Signature of a member or an aur	thorized representative of a member. So the execution of this decorate construer.	
i. Nature of bu	Signature of a member or an aut (In accordance with section 608, 400(1), F. so affirmation under the possibles of pupi	therized representative of a member. S., the exemption of this document constitutes my that the facts stated herein are true.)	<sub>11</sub> <
l. Nature of bu	Signature of a member or an aut (In accordance with section 608, 400(1), F. so affirmation under the possibles of pupi	therized representative of a member. S., the exemption of this document countings my that the facts stated herein are true.) By: LCM Alternative Assets Group LLC, its Managing Member	-
i. Nature of bu	Signature of a member or an aut (In accordance with section 608,400(1), F. an affectation under the possition of purp LCM Global Partners LLC, Member, 1	therized representative of a member. S., the exempton of this document constitutes my that the facts stated herein are true.) By: LCM Alternative Assets Group LLC, its Managing Member manne of signee	רבס
i. Nature of bu	Signature of a member or an aut (In accordance with section 608,400(1), F. an affectation under the possities of pujn LCM Global Partners LLC, Member, 1 Typed or printed	therized representative of a member. S., the exempton of this document constitutes my that the facts stated herein are true.) By: LCM Alternative Assets Group LLC, its Managing Member manne of signee	LER 20
l. Nature of bu	Signature of a member or an aut (In accordance with section 608,400(1), F. an affectation under the possities of pujn LCM Global Partners LLC, Member, 1 Typed or printed	therized representative of a member. S., the exempton of this document constitutes my that the facts stated herein are true.) By: LCM Alternative Assets Group LLC, its Managing Member manne of signee	רבט

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	The name of the Limited Liability Company is:  Contrain LLC					
2.	The name and the Florida street address of the registered agent and office are:					
	CT Casporation System					
	(Name)	-				
	c/o CT Corporation System, 1200 South Plan Island Road					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	the second of th					
	Pleastation, Florida 33324					
	City/State/Zip					
	THE STATE OF THE S					
H	aving been named as registered agent and to accept service of process for the above s	tated limited				

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.

CT Corporation System

System

Signature)

Signature

Assistant Secretary

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

FLAST - NORMS CT Byellow Galler

SECRETARY OF STATE DIVISION OF CORPORATIONS

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PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTRARIAN 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

07 FEB 20 AM 10: 51

4290912 8300 070180376



Daniel Smile Hindan

AUTHENTICATION: 5439967

DATE: 02-16-07