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PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Su Capital Management 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:
Wilbur Su
(Name of Person)
(Firm/Company)
428 Childers Street #4110
(Address)
Pensacola, Florida 32534
(City/State and Zip Code)
For further information concerning this matter, please call:
Wilbur Su at ( 202 ) 361-8288
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS:  Division of Corporations  STREET ADDRESS:  Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  [] \$125.00 Filing Fee   \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

### 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:

1. Su Capital Mar	nagement LLC (Name of Foreign Limited	Liz	ability Company)			
2. Delaware	, <u>-</u>	3.	20-5236211			
(Jurisdiction under company is organi	r the law of which foreign limited liability zed)		(FEI number, if applica	ble)		_
4. July 19, 200		5.	perpetual	***		_
(Da	ate of Organization)		(Duration: Year limited liability comexist or "perpetual")	pany Will	cease to	)
5	(Date first transacted business in F (See sections 608.501 & 608.502 F.	lor S. t	ida, if prior to registration.) o determine penalty liability)			<del></del>
7. 428 Childers	Street #4110					_
Pensacola, Fl	lorida 32534					
	(Street Addres	SS O	Principal Office)			_
8. If limited liabi	ility company is a manager-manage	d c	ompany, check here			
9. The name and	usual business addresses of the ma	ınaş	ging members or managers are as	follow	s:	
Wilbur Su. 42	8 Childers Street #4110, Pensacola	ı. F	orida 32534			
		•				_
						_
			- The state of the			_
10. Attached is an ori	ginal certificate of existence, no more than 9	0 da	rys old, duly authenticated by the official 1	naving cu	stody of	records i
	the law of which it is organized. (A photoco ificate under oath of the translator must be su			oreign lar	iguage, a	a
			ŕ			
11. Nature of bus	siness or purposes to be conducted	or	promoted in Florida: Investing in	1 Securii	lies	_
(stocks, bond	ds, and options)					<u> </u>
		, F.S	norized representative of a memb , the execution of this document constitutes y that the facts stated herein are true.)		2007	
	Wilbur Su			AŘ H	MAR	
	Typed or print	ed	name of signee	IAR)	₹ -5	
				E G	 	m

## 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.

The name of the Limited Liability Company is:  Su Capital Management LLC						
2. The name a	nd the Florida street addr	ess of the registered agent and office are:				
	Wilbur Su					
		(Name)	_			
	428 Childers Stree	et #4110				
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	_			
	Pensacola	<sub>FL</sub> 32534				
		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.

Wellin Co. (Signature)

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

2007 MAR -5 PM 1:53
SECRETARY OF STATE

# Delaware

#### The First State

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



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Harriet Smith Windsor, Secretary of State **AUTHENTICATION: 5409766** 

DATE: 02-06-07