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#### **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT				
	(Name of	Limited Liability Company)		
Florida," C		d Liability Company for Authorization to re submitted to register the above referenced.		
Please retu	rn all correspondence concerning th	nis matter to the following:		
	Mariana Madrid			
		(Name of Person)	SECT SECT	_
	Morgan, Lewis & Bockius		SECRETARY ALLAHASSE	
•		(Firm/Company)	EF P	[1
	200 South Biscayne Blvd.	, Suite 5300	P 4: 10	<b>L</b>
		(Address)	DA O	
	Miami, FL 33131			
	(Cit	y/State and Zip Code)		
For further	information concerning this matter	, please call:		
M	ariana Madrid	at ( 305 ) 415-3370		
	(Name of Person)	(Area Code & Daytime Teleph	one Number)	
MA	AILING ADDRESS:	STREET ADDRESS:		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tal	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	s a check for the following amount: 125.00 Filing Fee \$\sqrt{3}\$130.00 Filing Fe Certifica		Filing Fee, Certificat	

### 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. <u>E</u>	BluePoint Investment Advisory LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	LLC.")
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a sent of the managers or managing members adopting the alternate name. The alternate name must include "Linpany," "L.L.C.," "LLC.")	copy of the writte mited Liability
۷. آ)	Delaware  Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)	
4	December 12, 2006  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company we exist or "perpetual")	ill cease to
6	March 1, 2007  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	200 South Biscayne Blvd., Suite 4400, Miami, FL 33131.	200 NOV
-	(Street Address of Principal Office)	1
	If limited liability company is a manager-managed company, check here	o m
9. 7	The name and usual business addresses of the managing members or managers are as Ellow	vs: = O
ļ	BluePoint Asset Management LLC	0
	200 South Biscayne Blvd., Suite 4400, Miami, FL 33131.	
	<u> </u>	
he ju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having curisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign listation 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 engage in	n any
ŀ	lawful act or activity.	
•		
	Signature of a member or arrauthorized representative of a member. (In accordance with section 608-08(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Jorge Kalb	
	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 Limit	ed Liability Co	ompany is:		
BluePoin	t Investn	nent Advis	ory LLC		
If name unava	ilable, the a	ilternate name	to be used in the state of Florida is:		
2. The name a	and the Flor	ida street addr	ess of the registered agent and office ar	e:	
	Jorge Kalb			2 S TAL	
	(Name)			OT N	
	200 South Biscayne Blvd., Suite 4400			2001 NOV -7 SECRETARY	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		L <sub>C</sub> C I	ì	
	Miami	33131	FL	F STA FLOR	
			City/State/Zip	55 <b>-</b>	

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)

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUEPOINT INVESTMENT ADVISORY 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2007.

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

*4266430 8300* 071177525 Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 6122522

DATE: 10-31-07