M08000001232

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						



800119333168

03/04/08--01022--020 **160.00

08 MAR 13 PM 3: 40

SECRETARY OF STATE DIVISION OF CORPORATION

Office Use Only

- No. 165 to

T. HAMPTON

MAR 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TROY CAPITAL, 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:
TROY DUPUIS
(Name of Person)
TROY CAPITAL, LLC
(Firm/Company)
2512 OCEAN FRONT DRIVE
· (Address)
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TROY DUPUIS at (\frac{700}{\text{Name of Person}}) \frac{100}{\text{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: []\$125.00 Filing Fee \$\sum_\$\$130.00 Filing Fee & \$\sum_\$\$155.00 Filing Fee & \$\sum_\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$



RECEIVED

08 MAR 13 PM 1:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 5, 2008

TROY DUPUIS TROY CAPITAL, LLC 2512 OCEAN FRON DR LA VEGAS, NV 89128

SUBJECT: TROY CAPITAL, LLC Ref. Number: W08000011656

We have received your document for TROY CAPITAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00013784

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

	IMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIST ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ER A FOREIGN
1	TROY CAPITAL, LLC.	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	")
consent	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a cop at of the managers or managing members adopting the alternate name. The alternate name must include "Limit	y of the written ed Liability
	any," "L.L.C.," "LLC.")	,
2.	isdiction under the law of which foreign limited liability 3. (FEI number, if applicable)	
com	pany is organized)	
4.	(Date of Organization) 5. (Duration: Year limited liability company will devict or "nerretual")	
··	(Date of Organization) (Duration: Year limited liability company will of exist or "perpetual")	ease to
_	10/10	
6	(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 hability) $ \sqrt{10} \sqrt{10} \sqrt{10} \sqrt{10} \sqrt{10} \sqrt{10} \sqrt{10} $	
7	1912 OCLAN FRONT DRIVO, LV, NV 89128	
	Las vegas	
	(Street Address of Principal Office)	
8. If I	limited liability company is a manager-managed company, check here	
9. Th	ne name and usual business addresses of the managing members or managers are as follows:	
__	TROY DUPLIED, PREVIDENT/MAR, 2512 OCEAN FROM OF, LY	1 NV 8917
	•	•
	Le:	s Vegas
		
10 .		. 4 6
	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang	
	tion of the certificate under oath of the translator must be submitted.)	,
11 N	Let Charles an annual state has an about a state an annual state of the Claude.	
11. N	Nature of business or purposes to be conducted or promoted in Florida:	8 × 0
	FINANCIAL - LVANI COLLECTIONS'	SECRE VISION
		70 XR - 97-
	Signature of a member or an authorized representative of a member.	S CO
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes	PA RPO
	an affirmation under the penalties of perjury that the facts stated herein are true.) TROY DUPUIS	STATE ORATION
	Typed or printed name of signee	<u>~</u> Š _w

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.

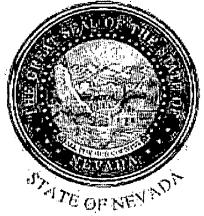
1. The name of	the Limited	l Liability Company	/ is:	:		•
	TROY	CAPITAL, LL	<u>C</u>			
If name unavails	ible, the alt	emate name to be u	sed in the sta	nte of Florida is:		
		N/a			· ·	
2. The name and	d the Florid	a street address of t	he registered	l agent and office are	::	,
	JUM!	D. Foeller -	HOMBE.	Avrutur and	Freller	P. A
. (889	North War	INUTIN	blvd.	· · · · · · · · · · · · · · · · · · ·	
. `		Florida Street Address	(P.O. Box <u>NC</u>	ANAGERTABLE)		
		MUNNIND	FL City/State/Zip	24700		•

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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TROY CAPITAL**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 8, 2007, and is in good standing in this state.

E VAN N

Electronic Certificate
Certificate Number: C20080226-0783
You may verify this electronic certificate
online at http://secretaryofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 26, 2008.

ROSS MILLER Secretary of State