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. (Red	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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SECRETARY OF STATE SECRETARY OF STATE STYLESION OF CORPORATIONS

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**EXAMINER** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2008

ROGER L. SHAFFER, ESQ. VIRTUS CAPITAL MANAGEMENT, LLC 1499 W PALMETTO PARK ROAD, SUITE 250 BOCA RATON, FL 33486

SUBJECT: VIRTUS CAPITAL MANAGEMENT, LLC

Ref. Number: W08000017421

We have received your document for VIRTUS CAPITAL MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 008A00020006

Joey Bryan Regulatory Specialist II STORE OF STATIONS
STORE OF STATIONS
STORE OF STATIONS

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: VIRTUS CAPITAL MA (Name of Lin	NAGEMENT, LLC mited Liability Company)	
The enclosed "Application by Foreign Limited Li Florida," Certificate of Existence, and check are s liability company to transact business in Florida	submitted to register the above referenced foreign	
Please return all correspondence concerning this	matter to the following:	
Roger L. Shaffer, Esq.		
(N	lame of Person)	
Roger L. Shaffer, P.A.		08 APR 14
(F	irm/Company)	
1499 W Palmetto Park	k Road, Suite 250 (Address)	CORPORATIONS
Boca Raton, FL 33486	State and Zip Code)	<b>นุก</b>
For further information concerning this matter, pl	lease call:	
Roger L. Shaffer	at ( 561 ) 862-5535	
(Name of Person)	(Area Code & Daytime Telephone Number	:r)
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:  \$\sum \\$125.00\$ Filing Fee \$\sum \\$130.00\$ Filing Fee &  Certificate of		ertificate 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:

VIRTUS CAPITAL MANAGEMENT, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	en
2 DELAWARE 3. 26-1488522	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
s. PERPETUAL	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
Not applicable.  (Date first transacted business in Florida, if prior to registration.)  (See sections 608 501 & 608 502 F.S. to determine penalty liability)	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	-31 
1300 N. Federal Highway, Suite 211	ir ic
Boca Raton, FL 33432	八八八
(Street Address of Principal Office)	í.
3. 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:	
Managing Members: Francis Brennan; Joel DiCicco; Rainford Knight; and Roger L. Shaffer	
Business Address: 1300 N. Federal Highway, Suite 211, Boca Raton, FL 33432	
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 ranslation of the certificate under oath of the translator must be submitted.)	in
1. Nature of business or purposes to be conducted or promoted in Florida: Any lawful business.	
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.)	

Roger L. Shaffer, Managing Member

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	y Company is:	
VIRTUS CAPITAL MAN	NAGEMENT, LLC	
If name unavailable, the alternate na	me to be used in the state of Florida is:	
2. The name and the Florida street a	ddress of the registered agent and office are:	98 0)VIS
Roger L. Sha	affer	APR 14
	(Name)	유그[
1300 N. Fed	eral Highway, Suite 211	A S:
Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	- 10 HZ
Boca Raton	<sub>FL</sub> 33432	

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.

City/State/Zip

(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 "VIRTUS 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 EIGHTH DAY OF APRIL, A.D. 2008.

OR APR 14 AH 8: 40

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THY'S OF THE PARTY OF THE PARTY

Varnet Smila Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6509392

DATE: 04-08-08

You may verify this certificate online at corp.delaware.gov/authver.shtml