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Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660 08 DEC 29 AM IO: 17

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AHASSEE, FLORIDA

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

### FIRVA CAPITAL MANAGEMENT, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
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**EXAMINER** 

12/29/2008

## 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. FIRVA Capital Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Com   | 184 A H - 47 B 95                       |
|--|---|
| (Name of Foreign Limited Limitity Company, must include "Limited Limitity Com  | pany," "L.L.C.," or "LLC,")             |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business is consent of the managers or managing members adopting the alternate name. The alternate is Company," "L.L.C.," "LLC.")  |   |
| 2. Connecticut 3. 11-3731017   |   |
| (Jurisdiction under the law of which foreign limited liability (FEI nun company is organized)  | iber, if applicable)                    |
| 4. 10/22/04 (Dute of Organization)  5. Perpetual (Duration: Year limite exist or "perpetual")  | d liability company will cease to       |
| 6  | 080                                     |
| (Date first transacted business in Florida, if prior to registratio<br>(See sections 602.501 & 603.502 F.S. to determine penalty liabi   | lity) 😙                                 |
| 7. 3000 Bayport Drive, Suite 745   | 29                                      |
| Tampa, FL 33607  | AM 0:                                   |
| (Street Address of Principal Office)   | <u>.</u>                                |
| 8. If limited liability company is a manager-managed company, check here   | 17                                      |
| 9. The name and usual business addresses of the managing members or man  | nagers are as follows:                  |
| Michael R. Bissonnette, 3000 Bayport Drive, Suite 74   | 5, Tampa, FL 33607                      |
| Leslie W. Finnemore, 3000 Bayport Drive, Suite 745,  | Tampa, FL 33607                         |
| 10. Attached is an original confficate of existence, no more than 90 days old, duly authenticated the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the ce translation of the certificate under oath of the translator must be submitted.) | rdificate is in a ficretign language, a |
| 11. Nature of business or purposes to be conducted or promoted in Florida:   | Any and all lawful                      |
| business that may be conducted by a limited liability of   | ompany.                                 |
| (listing)  |   |
| Signature of a member or an authorized representative  | e of a member.                          |
| (In accordance with section 698,408(3), F.S., the execution of this doc-<br>an affirmation under the penalties of perjury that the facts stated hereit   | iment constituies<br>Laro trus.)        |
| Leslie W. Finnemore  |   |
| H08000280239 3 Typed or printed name of signee   |   |

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# 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.

| LC                         |  |
|----------------------------|--|
| be used in the stat        | te of Florida is:  |
| s of the registered        | agent and office are:  |
| ore                        |  |
| (Name)                     |  |
| e, Suite 745               |  |
| ddress (P.O. Box <u>NO</u> | T ACCEPTABLE)  |
| Fl.                        | 33607  |
| City/State/Zip             |  |
|                            | to be used in the states of the registered (Name)  B, Suite 745  ddress (P.O. Box NO |

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)

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DEC-29-2008 10:00

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Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

#### FIRVA CAPITAL MANAGEMENT, LLC

a domestic limited liability company, were filed in this office on October 22, 2004.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: October 22, 2008

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Business ID: 0799997 St

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

Standard

Certificate Number: 2008251491001