M09000001617

(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:

Office Use Only

CF 125.00
Cert 30.00
Admin 3,327.50

500145386105

05/01/09--01005--012 **155.00

05/01/09--01005--013 **3327.50

FILED
09 APR 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
MAY - 1 2009
EXAMINER

BARTON
BARTON
&
PLOTKIN
LLP

ATTORNEYS AT LAW
GRAYBAR BUILDING | 420 LEXINGTON AVENUE | NEW YORK NY 10170
212.687.6262 | FAX 212.687.3667 | BARTONESQ.COM

**Courtney L. Cromwell**
**Law Clerk**

ccromwell@bartonesq.com

April 28, 2009

FILED
09 APR 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**VIA FEDERAL EXPRESS**

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Direct Access Partners LLC
Application for Authority

Dear Sir or Madam:

Enclosed please find the following documents in support of Direct Access Partners LLC's ("DAP") Application for Authority to transaction business in the State of Florida:

1. Cover Letter;
2. Application for Authority;
3. Certificate of Designation of Registered Agent/Office;
4. Certificate of Good Standing from New York State;
5. Check, payable to "Florida Department of State" in the amount of $3,327.50 representing the fees owed pursuant to Florida Statutes Section 608.502(4);
6. Check, payable to "Florida Department of State" in the amount of $155.00 representing the filing fee for the attached forms and a certified copy of the filed Certificate of Authority.

Feel free to contact me with any questions.

Very truly yours,

Courtney L. Cromwell
Law Clerk

Enclosures
cc: Kevin S. Koplin, Esq.

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Direct Access Partners 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:

Kevin S. Koplin, Esq.
(Name of Person)

Barton Barton & Plotkin LLP
(Firm/Company)

420 Lexington Ave., 18th Fl.
(Address)

New York, NY 10170
(City/State and Zip Code)

FILED
09 APR 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Courtney Cromwell at ( 212 ) 687-6262
(Name of Person) (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 ☐ $130.00 Filing Fee & Certificate of Status ☑ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate 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. Direct Access Partners 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.")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
( FEI number, if applicable)

4. 04/18/2002
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 08/01/2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 14 Wall Street, 18th Floor
New York, NY 10005
(Street Address of Principal Office)

FILED
09 APR 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. 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:

Direct Access Group LLC, managing member
14 Wall Street, 18th Floor, New York, NY 10005

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 translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: any lawful purpose.

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.)

Kevin S. Koplin, Esq.
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 Company is:

Direct Access Partners LLC

If name unavailable, the alternate name to be used in the state of Florida is:

_____

FILED
09 APR 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company
(Name)

1201 Hays Street
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301 FL
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.*

Judith Reyes
(Signature)

Judith Reyes
Asst. Secretary

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

# State of New York
# Department of State } ss:

I hereby certify, that DIRECT ACCESS GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/18/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment DIRECT ACCESS GROUP LLC, changing its name to DIRECT ACCESS PARTNERS LLC, was filed 07/30/2002.

The Biennial Statement is past due.

***

*WITNESS my hand and the official seal of the Department of State at the City of Albany, this 21st day of April two thousand and nine.*

*Special Deputy Secretary of State*

*200904220165 100*

FILED
09 APR 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA