# orida Department of State Division of Corporations

#### **Electronic Filing Cover Sheet**

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000192631 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-63B3

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### Olympian Asset Management, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SEP - 1 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

### 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 BEISINESS IN THE STATE OF FLORIDA:

IJ	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
I.	Olympian Asset Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")
CC	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC."
2.	Delaware 3.
	(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4.	April 27, 2009 5. perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	upon filing of this application
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1 East Broward Boulevard, Suite 700
	Fort Lauderdale, FL 33301
	(Streel Address of Principal Office)
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:  Michael J Levis 1 E Broward Blvd Ste 700 Fort Lauderdale FL 33301
fh	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the orticial having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)
1	Nature of business or purposes to be conducted or promoted in Florida:
	Finance
	Dima 120
	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)
	Michael I Lovie hy Diana Herodo as attornov-in-fact

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.

•
=
E

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.

Corporate Creations Network Inc. Dlana Urrego, Special Secretary
(Signature)

anna afelia Timikad Tiabilika Mammanyiis.

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLYMPIAN ASSET 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2009.

AND I DO BEREBY FURTHER CERTIFY THAT THE SAID "OLYMPIAN ASSET MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

O9 AUG 31 AM 8: 15
SECRETARY OF STATE

4681013 8300

090815415

You may verify this contificate online at corp. delegare, corp. at the corp. delegare, corp. at the corp. about

Jeffrey W. Bullack, Secretary of State

UTHENTACATION: 7499215

DATE: 08-27-09