# M09000004169

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

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10/22/09--01003--012 \*\*155.00

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EXAMINER

SECRETARY OF STATE SIVISION OF CORPORATION 09 OCT 21 AM 8: 27

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Office Use Only

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: <u>10/21/09</u>

**REF. #:** <u>0631.113244</u>

#### CORP. NAME: CAIN BROTHERS ASSET MANAGEMENT, LLC

(	) ARTICLES	OF	INCORP	ORATION
•	,			

( ) ANNUAL REPORT

N ( ) ARTICLES OF AMENDMENT

( ) TRADEMARK/SERVICE MARK

( ) LIMITED PARTNERSHIP

( ) LIMITED LIABILITY

( ) ARTICLES OF DISSOLUTION

() FICTITIOUS NAME

() WITHDRAWAL

(XX) FOREIGN QUALIFICATION

( ) REINSTATEMENT ( ) MERGER

( ) CERTIFICATE OF CANCELLATION

( ) OTHER:

## STATE FEES PREPAID WITH CHECK# <u>532271</u> FOR \$ <u>155.00.</u>

### AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$\_\_\_\_\_

**PLEASE RETURN:** 

(XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials



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

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# IN COMPLIANCE WITH SECTION 602.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Cain Brothers Asset Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	00	SIGNER
		<u>ري</u>	3 624CO
con	"name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited ompany." "L.L.C." "LLC.")	of the writ Liability	Ten HA OR BILLE
2.	Delaware 3. N/A (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		<sup>عة</sup> رم:
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		-
4.	July 8, 2008 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cea		
	(Date of Organization). (Duration: Year limited liability company will cea exist or "perpetual")	sc to	
6.			
	(Date first transacted business in Florida; if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7.	360 Madison Avenué, 5th Floor	·	
	New York, NY 10017		
	(Street 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;		
	Cain Brothers & Company Incorporated, Sole Member	<b></b> .	
	360 Madison Avenue, 5th Floor		
	New York, NY 10017		
the	D. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langue anslation of the certificate under eath of the translator must be submitted.)		sin
11	1. Nature of business or purposes to be conducted or promoted in Florida:		
	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.)		
	Rhett Thurman, Authorized Representative		

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.

1. The name of the Limited Liability Company is:

Cain Brothers Asset Management, LLC

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

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

NRAI SERVICES, INC. (Name)

> 2731 EXECUTIVE PARK DRIVE-STE 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)

> > WESTON FL 33331 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.

(Signature)

Geraldine Mirando-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)



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# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAIN BROTHERS 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-FIRST DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAIN BROTHERS ASSET MANAGEMENT, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



AUTHENTY CATION: 7594613

DATE: 10-21-09

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