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EXAMINER

OR OFF 15 AM 9: 14

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK A'VENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 CONTACT: **ASHLEY SMITH** DATE: 12-15-2009 **REF. #:** 000262.116180 CORP. NAME: PROSPECT AVENUE PARTNERS, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () LIMITED LIABILITY (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 532944 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$ PLEASE RETURN: () PLAIN STAMPED COPY (XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () CERTIFICATE OF STATUS

Examiner's Initials

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

	Y COMPANY TO TRANSACT BUSIN		OFFLORIDA:	CEGISTER A FOREIGIN
1.	Prospec	t Avenue Par	rtners, LLC	
(Name of F	oreign Limited Liability Company	y; must include "Lim	rtners, LLC nited Liability Company," "L.L.C.," o	or "LLC.")
(If name unavailab	le, enter alternate name adopted for	or the purpose of tra-	nsacting business in Florida and attac	h a copy of the written
consent of the man	agers or managing members adop	ting the alternate na-	nic. The alternate name must include	"Limited Liability
•				
2. //urisdiction und	Delaware ler the law of which foreign limite	3	27-1481639 (FEI number, if applicable)	<i></i>
company is orga	nized)	zo naomity	(Fra number, ir approcasie,	ď
4.	12/9/09	5,	perpetual	0 7
(1	12/9/09 Dute of Organization)	(<u>D</u> u	perpetual ration: Year limited liability compan it or "perpetual")	y will cease to 02
		CXIS	tor perpetual)	ि वर्ष
6	(Date first transacted but	sings in Florida if	orior to maintention	
	(See sections 608.501 & 6	508.502 F.S. to deter	mine penalty liability)	# 20 O
7. 695 Central	Avenue			
	······································			
Saint Peter	sburg, FL 33701			<u> </u>
	(Stre	eet Address of Princi	pal Office)	
8. If limited lial	oility company is a manager-	-managed compa	ny, check here	
		- ,		
The name an	d usual business addresses o	f the managing n	nembers or managers are as fol	lows:
David P. W	right; 695 Central Avenue	e. Saint Petersb	ura. FL 33701	
			<u> </u>	
	. ,			
 				
0. Attached is an o	riginal certificate of existence, no mo	ore than 90 days old.	duly authenticated by the official havin	e custody of records in
			coeptable. If the certificate is in a foreig	
ranslation of the cer	tificate under oath of the translator n	nust be submitted.)		
1 Noting of h	usingso of numeros to be some	elizatad an moone a	todie 171 – ide.	
i. Nature of be	isiness or purposes to be con	iducted or promo	ted in Florida:	
	Investment manag	ement and bus	iness development	
	Ua	IR W.	1-12	
	Signature of a member	r or an authorized	representative of a member.	
	(In accordance with section 60	08.408(3), F.S., the exc	ecution of this document constitutes	
	an affirmation under the pena	alties of perjury that the David P. Wrig		

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 o	f the Limited Liability C	Company is:					
Prospect Avenue Partners, LLC							
If unavailable,	the alternate to be used i	in the state of Flo	orida is:				
2. The name a	nd the Florida street add	ress of the regist	ered agent and office are:				
	Tr	K Registered Ag	gent, Inc.				
		(Name)					
			ard, Suite 2700				
	Florida Stree	t Address (P.O. Box	x NOT ACCEPTABLE)				
	Tampa	FL City/State					
liability compar agent and agree relating to the p	ny at the place designated e to act in this capacity. I proper and complete perfo ny position as registered t	d in this certificate I further agree to ormance of my du agent as provided	vice of process for the above, I hereby accept the appoi comply with the provisions ties, and I am familiar with I for in Chapter 608, Florida	intment as registered of all statutes and accept the			
	\$ 100 \$ 25		e for Application on of Registered Agent				
	\$ 30	0.00 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 "PROSPECT AVENUE PARTNERS, 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 FIFTEENTH DAY OF DECEMBER, A.D.

2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROSPECT AVENUE PARTNERS, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2009.

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

4762548 8300

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Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 7700064

DATE: 12-15-09

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