### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Beacon Venture Management III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

EXAMINER

#### **COVER LETTER**

ТО	Registratio Division of	n Section Corporations	
SUBJ	ECT:	BEACON VENTURE MANAGEMENT III, LLC	
		Name of Limited Liability Company	
The en	nclosed "Appl nce, and check	cation by Foreign Limited Liability Company for Authorization to Transact Business in Plorida," Certificat are submitted to register the above referenced foreign limited liability company to transact business in Plo	e of rida
Please	return all con	espondence concerning this matter to the following:	
		Name of Person	
		C T Corporation System	
		Firm/Company	
		1203 Governors Square Blvd., Suite 101	
		Address	
		TALLAHASSEE, FL 32301.	
		City/State and Zip Code	
		FRANK.NOLFI@MAC.COM  E-mail address: (to be used for future annual report notification)	
For fur	ther informati	on concerning this matter, please call:	
		at ( )	
	-	Name of Person Area Code & Daytime Telephone Number	
	MAILING Division of Caregistration P.O. Box 63	Corporations Division of Corporations Section Registration Section 27 Clifton Building	
i	Tallahassee,	FL 32314 2661 Executive Center Circle Tallahasses, FL 32301	
Enclos	sed is a chec	k for the following amount:	
{	S125.00 F	lling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Pee, Certificate Copy of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 604503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 111	MILED LIABILITY COMPANY TO TRANSACT BUS	NESS IN THE STATI	OF FLORIDA:
<u>l</u> .	BEACON (Name of Foreign Limited Liability Compar	VENTURE MANA	REMBNT III, LLC mited Liability Company," "L.L.C.," or "LLC.")
	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mod stability distingly, st. st.c., or st.c.,
con:	name unavailable, onter alternate name adopted sent of the managers or managing members adompony," "L.L.C." "LLC.")	for the purpose of tr pting the alternate n	ansacting business in Florida and attach a copy of the written. The alternate name must include "Limited Liability
2.	DELAWARE	3.	27-1579873
_ (I	Jurisdiction under the law of which foreign limit company is organized)	ted liability	27-1579873 (FEI number, if applicable)
4.	12/22/2009	· 5.	PERPÉTUAL
•	(Date of Organization)	(D	uration: Year limited liability company will cease to st or "perpetual")
б.	Upon qualification (See sections 608.501 &	usiness in Florida, if	prior to registration)
	'(See sections 608,501 &	608,502 F.S. to dete	rmine penalty liability)
7. 3	220 S. KINGEWOOD AVNEUE, SUITE 130	· · · · · · · · · · · · · · · · · · ·	
	DAYTONA BEACH, FL 32114		
	(Sti	reet Address of Princ	ipal Office)
5. i	If limited liability company is a manager	r-managed comp	any, check here 🔀
9. 1	The name and usual business addresses of	of the managing	nembers or managers are as follows:
,	Frank V. Nolfi Jr. 226 N. Nova Road, #11.	5, Ormond Beach, F	L 32174
-			
-		·	
			duly authenticated by the official having custody of records
be ju	urisdiction under the law of which it is organized. It Islation of the certificate under cath of the translator	(A photocopy is not a	occpable. If the certificate is in a foreign language, a
2015	remon, or the commons fluctor, dam of full dan evaluati	musi de sudminieri)	•
1.	Nature of business or purposes to be co.	nducted or promo	eted in Florida:
_	Venture M	anagement & Consu	ting Services
	/s/ Frank	V. Nolfi, Jr.	
	Signature of a member	r or an authorize	representative of a member.
			ecution of this document constitutes e facts stated herein are true.)
	<u></u>	Frank V. Nol	
	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:
	BEACON VENTURB MANAGEMENT III, LLC
If unavailable, t	he alternate to be used in the state of Florida is:
2. The name and	d the Florida street address of the registered agent and office are:
	C T Corporation System (Name)
	1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation FL 33324 City/State/Zip
ltability company agent and agree to relating to the pro abligations of my CTCo By:	ned as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes appear and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes, reportation System  (Signature)  100.00 Filing Fee for Application (Signature)  25.00 Designation of Registered Agent  \$ 30.00 Certified Copy (optional)  \$ 5.00 Certificate of Status (optional)

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON VENTURE MANAGEMENT III, 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 ELEVENTH DAY OF JANUARY, A.D. 2010.

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

4768979 8300

100026913

You may verify this certificate online at corp.delaware.gov/authver.shtml Jeffrey W. Bullock Secretary of State
AUTHENTICATION: 7750588

DATE: 01-11-10