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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY CS-STATE OIVISION OF CORPORATION

T. HAMPTON

MAY 1 3 2010

EXAMINER

COVER LETTER

| | ration Section on of Corporations |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: | Meisel Capital Management, LLC Name of Limited Liability Company |
| | Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return al | I correspondence concerning this matter to the following: |
| | Michael Meisel |
| | Name of Person |
| | Meisel Capital Management, LLC |
| | Firm/Company |
| | 4 Park Center Court, Suite 202 |
| | Address |
| | Ovimmo Millo MD 24447 |
| | Owings Mills, MD 21117 City/State and Zip Code |
| | City/State and Zip Code |
| | mmeisel@meiselcapitalpartners.com |
| | E-mail address: (to be used for future annual report notification) |
| For further info | rmation concerning this matter, please call: |
| | Michael Meisel at (410) 363-7300 |
| | Name of Person Area Code & Daytime Telephone Number |
| Division Registr P.O. B | ING ADDRESS: On of Corporations Division of Corporations ration Section Ox 6327 Clifton Building assee, FL 32314 Clifton Building Clifton Building Tallahassee, FL 32301 |
| Enclosed is a | check for the following amount: |
| \$12 | 5.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\ |

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:

| | Meisel Capital Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC." | , | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|
| conse | me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited pany," "L.L.C," "LLC.") | | |
| 2. | Maryland 3. 26-1614157 risdiction under the law of which foreign limited liability (FEI number, if applicable) | | |
| (Ju co | risdiction under the law of which foreign limited liability (FEI number, if applicable) mpany is organized) | | |
| 4. | 11/26/2007 5. Perpetual (Date of Organization) [Duration: Year limited liability company will cear | | |
| _ | (Date of Organization) (Duration: Year limited liability company will cea exist or "perpetual") | ise to | |
| 6 | | | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | Y | VIG. |
| 7 4 | Park Center Court, Suite 202 | • | 250 |
| _ | | - | |
| _ | Owings Mills, MD 21117 (Street Address of Principal Office) | | 111 |
| | (Street Address of Principal Office) | | 20 C |
| 8. I | Imited liability company is a manager-managed company, check here | MAY 12 AM (B) | POR A |
| 9. T | he name and usual business addresses of the managing members or managers are as follows: | <u>ආ</u> . | PORATIONS |
| <u> </u> | Meisel Capital Partners, LLC | | ري |
| 4 | 1 Park Center Court, Suite 202 | | |
| - | Owings Mills, MD 21117 | | |
| the ju | ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languation of the certificate under eath of the translator must be submitted.) | • | ords in |
| 11. | Nature of business or purposes to be conducted or promoted in Florida: Marina Manageme | ent_ | |
| | | | |
| | | , | |
| | 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.) | | |

Joel S Meisel, Member Meisel Capital Partners, LLC
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: |
|------------------------------------------------------------------------------------|
| Meisel Capital 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: |
| Lauren Thompson |
| (Name) |
| 33 Evergreen Avenue |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| Key West, Fլել 33040 |
| 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)

\$ 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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MEISEL CAPITAL MANAGEMENT, LLC, FORMED NOVEMBER 26, 2007, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 05, 2010.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097