# 1111000002479

| (Re                     | equestor's Name)   | · .,.       |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| . (Ad                   | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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EXAMINER

#### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06-03-10

NAME: NAVESINK CAPITAL ADVISORS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/PAU

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

| IN C<br>Limi | OMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE<br>TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S  | R THE FÖLLOWING IS SUBMITTED TO REGISTER A FOREIGN<br>STATE OF FLORIDA:  |
|--------------|---|--|
| •            | NAVESINK CAPITA   |  |
| ۱۰_          | (Name of Foreign Limited Liability Company; must include  | le "Limited Liability Company," "L.L.C.," or "LLC.")   |
| cons         | une unavailable, enter alternate name adopted for the purpose<br>cut of the managers or managing members adopting the altern<br>pany," "L.L.C," "LLC.")   | e of transacting business in Florida and attach a copy of the written<br>nate hame. The alternate name must include "Limited Liability |
| 2.           | DELAWARE  prisdiction under the law of Which foreign Himited Hability   | 27-2692331<br>(FEI number, If applicable)  |
| , (1         | mpany is organized)   | (FEI mumber, if applicable)  |
| 4            | MAY 25, 2010 5.   | PERPETUAL  (Direction: Year liquided liability company will cease to   |
| •            | (Date of Ofganization)  | (Duration: Year limited liability company will cease to caust or "perpenual")  |
| б.           | (Date first transacted business in Flo  |  |
|              | (See sections 608.591 & 608.502 F.S.  | to determine penalty liability)  |
| 7.           | 2255 GLADES ROAD, #324A   |  |
| •            | 550 5470 7550 6404  |  |
| -            | BOCA RATON, FLORIDA 33431 (Street Address of  | of Principal Office)   |
| 8. 3         | If limited liability company is a manager-managed   | - · · · · · · · · · · · · · · · · · · ·  |
| 9. '         | The name and usual business addresses of the mana   | ging members or managers are as follows:   |
|              | ALAN D. GODDARD   |  |
|              | 2255 GLADES ROAD, #324A   |  |
|              | BOCA RATON, FLORIDA 33431   |  |
| thej         | Attached is an original certificate of existence, no more than 90 durisdiction under the law of which it is organized. (A photocopy dation of the cartificate under outh of the translator must be subo |  |
| 11.          | Nature of business or purposes to be conducted or   | promoted in Florida:   |
|              | BUSINESS CONSULTING SERVICES.   |  |
|              | QLA   |  |
|              | Signature of a member or an aut<br>(in accordance with eaction 608,408(3), F.<br>an affirmation under the penalties of pegi   | therized representative of a member. S., the execution of this decement constitutes by that the facts stated herein are true?          |
|              |   | DARD, MANAGER  |
|              | 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 t                                 | he Limited Liability Compa    | my is:                |                     |             |
|--|-------------------------------|-----------------------|---------------------|-------------|
|  | NAVESINK CAF                  | PITAL ADVISO          | ORS, LLC            |             |
| If unavailable, th                               | e alternate to be used in the | state of Florida is   | :                   |             |
|  |                               |                       |                     | <del></del> |
| 2. The name and                                  | the Florida street address o  | of the registered ag  | ent and office are: |             |
| NATIONAL CORPORATE RESEARCH LTD., INC. (Name)    |                               |                       |                     |             |
| 515 EAST PARK AVENUE                             |                               |                       |                     |             |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |                               |                       |                     |             |
|  | TALLAHASSEE                   | FL,<br>City/State/Zip | 32301               |             |
|  |                               |                       |                     |             |

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.

\$ 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 "NAVESINK CAPITAL ADVISORS, 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 THIRD DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAVESINK CAPITAL ADVISORS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2010.

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

4828490 8300

100623952

DATE: 06-03-10

AUTHENTYCATION: 8032304

3300

You may verify this certificate online