

M10000003161

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 19 2010

EXAMINER



200182052762

06/17/10--01014--016 **78.75

07/15/10--01002--019 **51.25

FILED
10 JUL 15 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2010

PAUL F. RUBIN
ALGON CAPITAL LLC
8 TANKARD LANE
WASHINGTON CROSSING, PA 18977

SUBJECT: ALGON CAPITAL LLC
Ref. Number: W10000029354

We have received your document for ALGON CAPITAL LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

I have enclosed the correct foreign qualification document for your convenience. Please complete and return with the additional fees and I will hand deliver it to the appropriate filing office for you. Please call me if you have any questions.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 610A00015130

RECEIVED
10 JUL 12 PM 3:23
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALGON CAPITAL, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

PAUL RUBIN
Name of Person

ALGON CAPITAL, LLC
Firm/Company

8 TANKARD LANE
Address

WASHINGTON CROSSING, PA 18977
City/State and Zip Code

PRUBIN@ALGONGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL RUBIN at (215) 570 8716
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

ALGONGROUP
Financial s for Complex Situations

July 6, 2010

Mr. Dale white
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

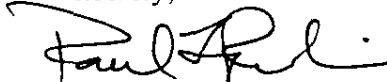
Dear Mr. White,

Thanks for your assistance and your letter, a copy of which is enclosed. I have filled out the forms and enclosed a check for \$51.25, which in addition to the \$78.75 previously sent total \$130.00.

Please let me know if there is anything else that we need to do to complete the registration.

Once again your help is appreciated.

Sincerely,



Paul Rubin
Algon Capital, LLC
8 Tankard Lane
Washington Crossing, PA 18977
(215) 570-8716

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. ALGON ~~CAPITAL~~ CAPITAL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ALGON GROUP

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. GEORGIA 3. 41-2045806
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5.10.2002 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 7.16.2002
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 10 GLEN LAKE PARKWAY - Suite 130
ATLANTA, GA 30328
(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:

TROY T. TAYLOR - Managing Member
10 GLEN LAKE PARKWAY - Suite 130
ATLANTA, GA 30328

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

ADVISORY SERVICES

Paul Rubin

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.)

PAUL F. RUBIN - MEMBER

Typed or printed name of signee

FILED
10 JUL 15 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

ALGON CAPITAL, LLC

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

ALGON GROUP

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

HARRY L. POSIA
(Name)

401 E. LAS OLAS BLVD - Suite 1400
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

FT Lauderdale, FL 33301
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.

M J W
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER: 0224377
EFFECTIVE DATE: 05/10/2002
JURISDICTION : GEORGIA
REFERENCE : 0024
PRINT DATE : 05/13/2002
FORM NUMBER : 356

RAYMOND L MOSS
1000 ABERNATHY ROAD N E
SUITE 310
ATLANTA, GA 30328

CERTIFICATE OF ORGANIZATION

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ALGON CAPITAL LLC
A GEORGIA LIMITED LIABILITY COMPANY

has been duly organized under the laws of the State of Georgia on the effective date stated above by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.

1 2002 0510 0024 0024 0024 0024 0024 0024



Cathy Cox

Cathy Cox
Secretary of State