

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBERT N. ALLEN, JR., P.A.

Account Number : 073324000622 Phone : (305)372-3300 Fax Number : (305)379-7018

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Esail Address: reinhard @ proksch. con

THAR IL PHIZ: 38
EURETARY OF STATE
LLAHASSEE, FLORIDA

### Foreign Limited Liability Company

P&A Family Offices LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

MAR 1 5 2011

EXAMINE H

Fax Audit Number: H11000066150 3

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

IN COMPLANCE WITH SECTION 608:503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXCH

	D LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SILITE OF FLORIDA:
	A Family Offices LLC Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ODSE:	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability by," "L.L.C," "LLC."
<b>.</b>	aware 3. 27-4704102
	idiation under the law of which foreign limited liability (FEI number, if applicable)
ı. De	cember 13, 2010 5, Perpetual
	(Daie of Organization) (Duration: Year limited liability company will coose to exist or "perpetual")
5. N/	A
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u>27</u>	11 Centerville Road, Suite 400
Wi	Imington, Delaware 19808
	(Street Address of Principal Office)
B. If 1	imited liability company is a manager-managed company, check here 📝
ገ ፕሴ	e name and usual business addresses of the managing members or managers are as follows:
<u> </u>	einhard Proksch, Manager
6	D SW 13th Street, No. 4806
M	iami, Florida 33130
hejuri: Izr <del>sta</del> i	ached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having custody of records in diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign larguage, a ion of the certificate under eath of the translator must be submitted.) ature of business or purposes to be conducted or promoted in Florida: for all lawful purposes
11. N	ature of business of purposes to be conducted of promoted in Florida.
	7/10/00/10
	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 consultates an affirmation under the
	ponalties of perjusy that the facts stated herein are true. I am aware that any false information submitted in a
	document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.)  Reinhard Proksch
	Typed or printed name of signee

Fax Audit Number: H11000066150 3

Fax Audit Number: H11000066150 3

# 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	y Company is:			
P&A Family Offices LLC				
If unavailable, the alternate to be use N/A	ed in the state of Florida is:			
2. The name and the Florida street a	address of the registered agent and office are:			
Reinhard Proksch	1			
<del> </del>	(Name)			
60 SW 13th Str				
Florida S	treet Address (P.O. Box NOT ACCEPTABLE)			
Miami	<sub>FL</sub> 33130			
	City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited ltability 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) 11 MAR IL AM 7:56

Fax Audit Number: H110000661503

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "P&A FAMILY OFFICES 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 MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEA FAMILY OFFICES LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2010.

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

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Tou may vorify this certificate coline at corp.deloware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8618920

DATE: 03-11-11