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SECRETARY OF STATES

T. CLINE

MAY 23 2011

EXAMINER

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: _	SIX POINTS VENT			_	
	Na	me of Limited Liability Com	pany		
	Application by Foreign Limited Lial check are submitted to register the a				
Please return al	I correspondence concerning this m	atter to the following:			
	Christopher L. Pizzo				
		Name of Person			
Six Points Ventures 1, LLC					
Firm/Company					
401 E. Las Olas Blvd., Suite 1650					
		Address			
	54 4 4 4 51 00	004			
Ft. Lauderdale, FL 33301				<u> </u>	3
City/State and Zip Code					
cpizzo@pnigroup.com				ORETARY AHASSE	m 5 (
E-mail address: (to be used for future annual report notification)					) jestina ) §
For first the information concerning this matter places calls					
For further information concerning this matter, please call:			OF STA	, ,	
lost.	nua Margolis	at ( 954	670-2954	RATE 2	
<u> </u>	Name of Person	Area Code & Daytime	-/ - <del></del>	<del></del>	,
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	·		
	check for the following amou 0 Filing Fee \$\int \frac{\sqrt{130.00 Filing Fe}}{\cong \text{Certificate of Sta}}\$	ee & S155.00 Filing Fee	e & \$160.00 Filing Fee of Status & Certif	, Certificate ied Copy	

### 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:

1.	Six Points Ventures 1, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
ÇOI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi Impany," "L.L.C," "LLC.")	
2.	Delaware 3. 45-2161299	_
(	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	_
4.	04/19/2011 5_ PERPETUAL	
•	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	-
6	UPON APPROVAL	
Ο.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	-
7.	401 E. Las Olas Blvd., Suite 1650	_
	Fort Lauderdale, Florida 33301	
	(Street Address of Principal Office)	-
8.	If limited liability company is a manager-managed company, check here   ARE AAX  ARE AAX  SET TO THE	**************************************
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Six Points Investment Partners, LLC, Manager - 401 E. Las Olas Blvd.,	
	Suite 1650, Ft. LauderdaleFlorida 33301	_
		_
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reciping jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and a slation of the certificate under eath of the translator must be submitted.)	cords in
11.	. Nature of business or purposes to be conducted or promoted in Florida: ALL LAWFUL	-
	BUSINESS	
		-
	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. 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 s.817.155, F.S.)	

Steven M. Mariano, Authorized Representative

### 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:			
Six Points Ventures 1, 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:			
Corporate Creations Network, Inc.			
(Name)			
11380 Prosperity Farms Road #221E  Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Palm Beach Gardens FL 33410  City/Suite/Zip	MAY 20 PM		
Having been named as registered agent and to accept service of process for the above stated limited in 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.  Jim Perkins, Vice President  (Signature)	PM 12: 2J		
\$ 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 "SIX POINTS VENTURES 1, 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 SEVENTEENTH DAY OF MAY, A.D. 2011.

2011 HAY 20 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE FI OPINA

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AUTHENTY CATION: 8765260

DATE: 05-17-11

You may verify this certificate online at corp.delaware.gov/authver.shtml