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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Global Atlantic Partner	rs LLC		
Na	me of Limited Liability Company		
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the a	polity Company for Authorization to Transact Business in Florida," bove referenced foreign limited liability company to transact busing	Certific	ate of lorida.
Please return all correspondence concerning this ma	atter to the following:		
Michelle Tetreault			
	Name of Person		
Global Atlantic Partners L	LC		
	Firm/Company	~ >	
50 Federal Street, Ninth	Floor	2011 MAY 2	*******
	Address	72	
Boston Massachusetts 02			
	City/State and Zip Code	بغ.	
mtetreault@globalatia	nticpartners.com	ယ္အ	
E-mail address: (to	o be used for future annual report notification)		
For further information concerning this matter, pleas	se call:		
Michelle Tetreault	_ _{at (} 617 ₎ 345-0222		
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 amour \$\overline{\chi}\$\$125.00 Filing Fee \$\square\$\$Certificate of State	& \$\ \Bigs \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$	e	

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

1. Global Atlantic Partners LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida a consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C," "LLC.")	
2. Massachusetts (Jurisdiction under the law of which foreign limited liability company is organized) 3. 75-305 7446 (FEI number, if app	licable)
4. May 16 2002 (Date of Organization) 5. Perpetual (Duration: Year limited liability of exist or "perpetual")	company will cease to
6. None prior to registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	2011 MAY 20 SECTION 2001 ALLAHASSE
7. 1900 Coral Way Scite 301 Miami Florida 33145 (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 Erich Schumann	as follows:
Global Atlantic Partners LLC 50 Federal Street, Nivth Ploor Boston MA o	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officing the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in translation of the certificate under oath of the translator must be submitted.)	al having custody of records in
11. Nature of business or purposes to be conducted or promoted in Florida: Business Management Consulting Services	·
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirm penalties of perjury that the facts stated herein are true. I am aware that any false information document to the Department of State constitutes a third degree felony as provided for	mation under the on submitted in a

Typed or printed name of signee

Erich Schumann

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 nat	me of the Limited Liability Company is:		
Globa	al Atlantic Partners LLC		
If unavaila	able, the alternate to be used in the state of Florida is:		
		2011 7ALL	
2. The nar	me and the Florida street address of the registered agent and office are:	2011 MAY 20 PALLIAHASSE	1
	Jason Simpson (Name)		T.
	(Name)	- F. S. 34	أعسا
	1900 Caral Way, Suite 301 Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u> </u>	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	<u>miami</u> FL 33145		
	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.

\$ 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 the Commonwealth

The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

May 6, 2011

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

GLOBAL ATLANTIC PARTNERS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 13, 2002.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; that said Limited Liability Company has not been administratively dissolved and that, so far as appears of record, said Limited Liability Company has legal existence.



Processed By:sam

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galecin