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J. SAULSBERRY EXAMINER

AUG 2 2011

COVER LETTER

LLC

TO:

Registration Section

Division o	of Corporations			
SUBJECT:	FINANCIAL	PARTNERS Tame of Limited Liability Comp	CAPITAL	MANAFEMENT,
		ability Company for Authoriza above referenced foreign limit		
Please return all co	prespondence concerning this	natter to the following:		
	CARL	Name of Person	N CH(<u></u>
LAU	→ OFFICE	OF CARLOS	J. 8	lanchi
		- 58 TRE		
		Address		
814 (x %) 5	NEW Y.	ork, NY 1	0155	2011 AU SEGRE
manufacture to the state of the	CB IANCHI @	ORK, NY 1 City/State and Zip Code) BIAN CHIINT L	AW. COM	JG-I TARY ASSEE
10000	E-mail address:	(to be used for future annual re	port notification)	구강 로 !!!
For further informa-	tion concerning this matter, pla	ase call:		SEA F. D
CARLOS	BLANCHI	at (Z12) Area Code & Daytime T	355-32	233 35
	Name of Person	Area Code & Daytime T	elephone Number	
Division of Registratio P.O. Box 6		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le	
Enclosed is a che	eck for the following amo ling Fee \$130.00 Filing F Certificate of St	unt: fee & \$\square\squ	& \$160.00 Filing Fe of Status & Certi	

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

	EDLIABILITY COMPANY TO TRANS FLVA VCIA			MANAGEMENT	LLC
In the managers or managing members adopted for the purpose of transacting business in Florida and attach a copy of the sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany." "L.L.C." "LLC." DELAWARE 3.	(Name of Foreign Limited Liability	y Company; must include "L	imited Liability Com	pany," "L.L.C.," or "LLC.	')
Sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil inpany," "L.L.C." "LLC.") **PELAWARE** **Unrisdiction under the law of which foreign limited fiability (FEI number, if applicable) ompany is organized) **ARALL 4, 2006* **(Date of Organization)* **(Date of Organization)* **(Date first transacted business in Florida, if prior to registration.) **(See sections 608.501 & 608.502 F.S. to determine penalty liability) **(See sections 608.501 & 608.502 F.S. to determine penalty liability) **(See sections 608.501 & 608.502 F.S. to determine penalty liability) **(Street Address of Principal Office)* **(In minited liability company is a manager-managed company, check here **) **(Alternation of the name and usual business addresses of the managing members or managers are as follows: **(In minited certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recombination under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recombination under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate crash of the unrislator must be submitted.) **(In accordance with section 608.408(3), F.S., the expending of this document constitutes an affirmation under the penalties of perjury that the facts stated herejor fore. I am aware that any false information submitted in a penalty false					
DELAWAR E JURISDICION under the law of which foreign limited flability ompany is organized) ARAIL 4 2006 (Date of Organization) (See sections 608.501 & 608.502 F.S. to determine penalty flability company will cease to exist or "perpetual") (See sections 608.501 & 608.502 F.S. to determine penalty flability) ISO EAST 52 STABET, 16 Fellow 1991 (Street Address of Principal Office) (St					
DELAWAR E Jurisdiction under the law of which foreign limited flability ompany is organized) APRIL 4 7006 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) So EAST 52		nbers adopting the alternate	name. The alternate n	ame must include "Limited	Liabilit
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NEW YMK, NY 10022 (Street Address of Principal Office) (Street Addre	(See sections of	10.00 to 100.00	C		201
(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: AARON COHEN VINCENT MANSDEN ISO EAST 52 JTREET, 16 TE FLOOR CRAIT GIVENTER Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstriction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Signature of a member of a member 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	130	CA87 36-	JINEE!	1 2	
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penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a					
					5.)

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.

FINANCIA	L PA	NTNERS	CAPITA	L MAN	AGEMENT	LLC		
If unavailable, the all	ternate to be	used in the s	state of Flo	rida is:				
2. The name and the	Florida stre	et address of	the registe	ered agent a	nd office are:			
No. 100 (1990) (CA	RLOS 5 LA C	(Name)	BIANCH DRIVE	UNIT 9	SECRETAR TALLAHASS	2011 AUG - 1	7
	Florid	a Street Addres	ss (P.O. Box	NOT ACCEPT	ABLE)	— EFO	0	1
	BOCA	RATOR	, FL	334	<i>33</i>	FLORID - -	1:4 Hd	-
	BOCA RATON 37473 FL City/State/Zip						Ċ	
State Commence								
Having been named a: liability company at th	-	-	-		-		egister	ed

\$ 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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FINANCIAL PARTNERS CAPITAL

MANAGEMENT, 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 SEVENTH DAY OF

JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINANCIAL PARTNERS CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

SECRETARY OF STATE

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AUTHENTY CATION: 8817311

DATE: 06-08-11

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

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