Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002174083)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5398

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

Email Address:

## Foreign Limited Liability Company Stoneheng Capital Fund Florida II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

A. LUNT

SEP - 6 2011

**EXAMINER** 

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CT: Stonehenge Capital Fund F	lorida II, LLC		
50.200		Name of Limited Liability Company		
		imited Liability Company for Authoriza: on to Transact Business in Flori gister the above referenced foreign limited liability company to transact b		
Please r	etum all correspondence concern	ing this matter to the following:		
	John P. Witten		••••	
		Name of Person		
	Stonehenge Capital Con	mpany, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	191 W. Nationwide Blv	vd., Suite 600		
	Address		<b>36 36</b>	
	Columbus, OH 43215		<b>原</b> 等	• <b>-</b>
	City/State and Zip Code			
	jpwitten@stonehengeca	pital.com	- <b>2</b>	1
E-mail address: (to be used for future annual report notification)				ا
For further information concerning this matter, please call:			33	· Salar
	Michele Estepp	at ( 614 ) 246-2456	<b>5</b> ₹ <b>3</b>	
	Name of Perso			
	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		
		ing amount: 0 Filing Fee & \$\int_{\text{Certified Copy}}\$155.00 Filing Fee & \$\int_{\text{of Status}}\$6.00 Filing Fee, Certified Copy}\$		

1.

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Stonehenge Capital Fund Florida II, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	•
ÇO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the purpose of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil company," "L.L.C," "LLC.")	
	Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  [FEI number, if applicable]	_
4.	(Date of Organization)  (Date of Organization)  5. Perpetual  (Duration, Year limited liability company will cease to exist or "perpetual")	•
6. 7.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	28H SEP
	Tampa, FL 33606 (Street Address of Principal Office)	P-2
	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:  Stonehenge Capital Company, LLC, 191 W. Nationwide Bivd., Suite 600, Columbus, OH 43215	AN DO CO
the tras	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustody of recipinsdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under cath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida: Investment	ords in
	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 my false information submitted in a document to the Department of State constitutes a third degree felory as provided for in s.817.155, F.S.)  John P. Witten	•
	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 SUBMIT'S THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTER ED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used	in the state of Florida is:	
	man magani manangan mananangan paminanan na paminanan na paminanan na paminanan na paminanan na paminanan na p	
2. The name and the Florida street add	dress of the registered agent and office are:	
C T Corporation System		
	(Ninesa)	— <b>上</b>
	(Name)	S
1200 South Pine Island Ro	, .	2011 SEP - SECOND
	, .	I SEP -2
	ad	***

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.

By: Connection System Corinie Bryan

Connection System Corinie Bryan

Genetary

Genetary

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

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STONEHENGE CAPITAL FUND FLORIDA II, 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 FURST DAY OF SEPTEMBER, A.D. 2011.

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

5032116 8300

110974659

DATE: 09-01-11

AUTHENTY CATION: 9006239