

FILED

2013 NOV 14 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| | | | |
|--|-----------------------------------|--|---------------------------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # m11000006443 | | | |
| 1. Limited Liability Company's Name Prologue Capital Management, LLC | | | |
| 2. Principal Office Address - No P.O. Box # 1000 5th Street | | 3. Mailing Office Address 1000 5th Street | |
| Suite, Apt. #, etc. Suite 404 | | Suite, Apt. #, etc. Suite 404 | |
| City & State Miami Beach, FL | | City & State Miami Beach, FL | |
| Zip 33139 | Country USA | Zip 33139 | Country USA |
| 4. State/Country of Formation | | 5. Date Organized or Qualified To Do Business in Florida 12/13/2011 | |
| 6. FBI Number 203413919 | | Applied For Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | \$500 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324 | | | |
| E-mail Address: legalnotices@prologuecapital.com (To be used for future annual report notices) | | | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent: <u>Tammy Tofteroo</u> Date: <u>11/18/13</u> Vice President | | | |
| 10. Name and Street Addresses of Managing Members/Managers | | | |
| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGR | David Lofthouse | 20 Balderton Street 6th Floor | London, England, US W1K 6-TL XX |
| MGR | Graham Walsh | 1000 5th Street, Suite 404 | Miami Beach, FL 33139 |
| | | | |
| | | | |
| | | | |
| | | | |
| 11. I, <u>Graham Walsh</u> , Secretary of State, do hereby certify that when filing this document, the limited liability company named above has paid the required fee of \$200, F.S., and that all the information provided on this document is true and correct. The person(s) named on this document as the registered agent and the managing member(s) have the same legal effect as if they were named in a document filed with the Department of State on the date of filing as provided in s. 607.155, F.S. | | | |
| Signature of Managing Member/Manager: <u>Graham Walsh</u> | | Date: <u>11/18/13</u> Daytime Phone # <u>203 842-0331</u> | |
| Typed or printed name of Managing Member/Manager: <u>Graham Walsh</u> | | | |

S. HAWKES

NOV 14 2013

EXAMINER

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H13000248758 3)))



H130002487583ABCS

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

RECEIVED
13 NOV 14 PM 3:45
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
PROLOGUE CAPITAL MANAGEMENT, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 3 |
| Estimated Charge | \$238.75 |

RE-SUBMIT

Please retain original filing

Electronic Filing Menu

Corporate Filing Menu

Help
Date of submission

11/18



November 13, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PROLOGUE CAPITAL MANAGEMENT, LLC
1000 5TH STREET
SUITE 404
MIAMI BEACH, FL 33139

SUBJECT: PROLOGUE CAPITAL MANAGEMENT, LLC
REF: M11000006443

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form submitted is not suitable for archiving. Please resubmit a legible document for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Regulatory Specialist II

FAX Aud. #: H13000248758
Letter Number: 113A00026239

RE-SUBMIT

Please retain original filing
date of submission 11/18