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| (Requ | uestor's Name) | |
| (A.I.) | | |
| (Addr | 'ess) | |
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| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nai | me) · |
| (Docu | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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DIVISION OF CORPOLANION

Jan 81 Mili T. Hampton

COVER LETTER

| TO: | Registration Section Division of Corpora | | | |
|------------|--|--|--|--|
| SUR. | JECT: | Erin Capital Manag | ement LLC | |
| 501 | | (Name of Lim | ited Liability Company) | |
| Floric | la," Certificate of Exis | | | orization to Transact Business in ove referenced foreign limited |
| Please | e return all correspond | dence concerning this m | natter to the following: | |
| | | Jar | net Teague | |
| | | (Na | me of Person) | |
| | | Corner | stone Support, Inc. | |
| | (Firm/Company) | | | |
| | | 70 Mans | ell Court, Suite 250 | |
| | | * | (Address) | |
| | | Rosw | ell, GA 30076 | |
| | Personal Control of the Control of t | (City/St | ate and Zip Code) | |
| For fu | irther information con | cerning this matter, ple | ase call: | , |
| | Janet Teague | | at (770) 587- | 4595 |
| | (Nan | ne of Person) | | me Telephone Number) |
| | MAILING ADDRI | ESS: | STREET ADDRESS: | |
| | Division of Corpora | itions | Division of Corporation | s |
| | P.O. Box 6327 | | Clifton Building | · |
| | Tallahassee, FL 323 | 114 | 2661 Executive Center Tallahassee, FL 32301 | Circle |
| Enclo | sed is a check for the | following amount: S130.00 Filing Fee & Certificate of | Status Certified Copy | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy |



Florida Division of Corporations New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

January 26, 2012

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Erin Capital Management LLC. They have hired Cornerstone Support, Inc. to file this on their behalf. I have included a stamped self addressed envelope for return proof of filing for your convenience. If you have any questions, please feel free to call me at 770-587-4595.

Please mail any correspondence to: Cornerstone Support, Inc. Attn: Janet Teague 70 Mansell Court, Suite 250 Roswell, GA 30076

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Sincerely,

Janet Teague

Licensing Specialist

Cornerstone Support, Inc.

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

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

| ٠- | Erin Capital Management LL | L | | |
|-------------|---|--|--|--|
| | (Na | me of Foreign Limited Li | ability Company) | |
| _ | DE | 3. | 72-1590312 | |
| (J | urisdiction under the law of which f impany is organized) | oreign limited liability | (FEI number, if applicable) | |
| , | 12/19/2002 | 5 | Perpetual | |
| • | (Datc of Organization) | | (Duration: Year limited liability company we exist or "perpetual") | vill cease to |
| - | Upon Approval | ransacted business in Flo | rida, if prior to registration.) | · · · · · · · · · · · · · · · · · · · |
| | (See sections | 608.501 & 608.502 F.S. | to determine penalty liability) | |
| - | 35 East 21st Street, 5th Floor, | New York, NY 10010 | | ······································ |
| - | | (Street Address | f Principal Office) | |
| | | (Street Address o | r Principal Office) | |
| J | f limited liability company is | a manager-managed | company, check here | |
| | | | | |
| - | The name and usual business a | iddresses of the mana | ging members or managers are as follow | ws: |
| | James Brian Boyle MGRM | 35 East 21s | t Street, 5th Floor, New York, NY 10010 | |
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| | | | ays old, duly authenticated by the official having o | |
| jı | risdiction under the law of which it is | sorganized. (A photocopy | is not acceptable. If the certificate is in a foreign | |
| jı | | sorganized. (A photocopy | is not acceptable. If the certificate is in a foreign | |
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| j | risdiction under the law of which it is lation of the certificate under eath of the Nature of business or purpose Signature of (In accordance | s organized. (A photocopy the translator must be submered to be conducted or a member or an autwith section 608.408(3), F.S. | is not acceptable. If the certificate is in a foreign itted.) promoted in Florida: | language, a |
| ji ns | risdiction under the law of which it is lation of the certificate under eath of the Nature of business or purpose Signature of (In accordance | s organized. (A photocopy the translator must be submered to be conducted or a member or an autwith section 608.408(3), F.S. | is not acceptable. If the certificate is in a foreign itted.) promoted in Florida: | language, a |

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: |
|------------------|---|
| _ | Erin Capital Management LLC |
| 2. | The name and the Florida street address of the registered agent and office are: |
| | Registered Agent Solutions, Inc. |
| | (Name) |
| | 155 Office Plaza Dr., Suite A |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| | Tallahassee, FL 32301 |
| | City/State/Zip |
| lid ag rej | aving been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this certificate, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes the proper and complete performance of my duties, and I am familiar with and accept the lightions of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature) |
| | · · · · · · · · · · · · · · · · · · · |

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

DIVISION OF CORPORALISMS

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ERIN 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 TWENTY-FOURTH DAY OF JANUARY, A.D.

2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ERIN CAPITAL MANAGEMENT LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER,

A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3604843 8300

120079467

AUTHENTY CATION: 9316711

DATE: 01-24-12

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