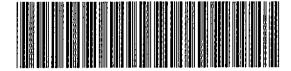
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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ION SENTICE COMPANT					
ACCOUNT NO. : 12000000195					
REFERENCE : 206137 4804708					
AUTHORIZATION: Spellice man					
COST LIMIT : \$ 125.00					
ORDER DATE : May 16, 2012					
ORDER TIME : 2:25 PM					
ORDER NO. : 206137-010					
CUSTOMER NO: 4804708					
FOREIGN FILINGS					
NAME: DEFENSOR CAPITAL LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Stephanie Milnes EXT# 2920					
EXAMINER:					

COVER LETTER

TO: Registration Section

Divisi	ion of Corporations					
SUBJECT:	IRIECT. Defensor Capital LLC					
	(Name of L	imited Liability Company)				
Florida," Cert		Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited				
Please return	all correspondence concerning this	s matter to the following:				
	Marybeth	McGaugh				
	(1	Name of Person)				
	Seward & Kissel LLP					
	(Firm/Company)					
	One Battery Park Plaza, 19th Floor					
	(Address)					
	New Yor	k, New York 10004				
	(City/	State and Zip Code)				
For further inf	formation concerning this matter, p	elease call:				
	Marybeth McGaugh	at (212) 574-1281				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
MAIL	ING ADDRESS:	STREET ADDRESS:				
	on of Corporations	Division of Corporations				
	ox 6327	Clifton Building				
i anana	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
	check for the following amount: 00 Filing Fee \$130.00 Filing Fee & Certificate					

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>(Name o</u>	De f Foreign Limited Liability Co	fensor Capital LI	.C imited Liability Company," "L.l	L.C.," or "LLC.")	
(If name unavai consent of the m Company," "L.I	nanagers or managing member	opted for the purpose of t is adopting the alternate	ransacting business in Florida at name. The alternate name must i	nd attach a copy of the v nclude "Limited Liabili	writte: ity
2	Delaware	3.	•		
(Jurisdiction of company is of	under the law of which foreign rganized)	limited liability	(FEI number, if app	licable)	
4. N	May, 2012	. 5.	Perpetual (Duration: Year limited liability company will cease to		
	(Date of Organization)	(I	Duration: Year limited liability c xist or "perpetual")	ompany will cease to	
6. N/A				≂ 0: - -	
·	(Date first transac (See sections 608.5	ted business in Florida, 01 & 608.502 F.S. to de	if prior to registration.) termine penalty liability)	L C MA	
7 1000 Soi	uth Pointe Drive, Unit	: 1003		A Z	<u> </u>
				SE S	City City
Miami B	each, FL 33139	(Street Address of Prin	ocinal Office)	<u> </u>	D
		(Sileet Address of File	icipal Office)	101 101 101 101	
3. If limited l	iability company is a mar	nager-managed comp	oany, check here 🔀	33 ATE RIDA	
o. The name	and usual business addres	sses of the managing	members or managers are	as follows:	
Stephen	Maguire				
1000 Soi	ith Pointe Drive, Unit	1003, Miami Bea	ach, FL 33139		
ne jurisdiction ur	_	ized. (A photocopy is not	d, duly authenticated by the official acceptable. If the certificate is in		ords in
1. Nature of	business or purposes to b	e conducted or pron	noted in Florida: To enga	age in any and	
			mitted by the State of I		
	1	Strw			
	(In accordance with se	ction 608.408(3), F.S., the	eed representative of a mem execution of this document constitu- the facts stated herein are true.)		
	<u> </u>	Stephen Maguir	re		
•	T	yped 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.

1. The name o	f the Limited Liability Company is:	•	
	Defensor Capital LLC		
If name unavai	lable, the alternate name to be used in the state of Florida	ı is:	
2. The name a	nd the Florida street address of the registered agent and o	office are:	
	Stephen Maguire	무리를 제	
	(Name)	Ban of F	
	1000 South Pointe Drive, Unit 1003		
	E) ST 9:		
	Miami Beach FL 3313	REDA 33	
	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.

BY: (Fignature)

\$ 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 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "DEFENSOR CAPITAL 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 SIXTEENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEFENSOR CAPITAL LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2012.

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

5155273 8300

120575824

AUTHENTY CATION: 9576645

DATE: 05-16-12

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