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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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SCORETARY OF STATE
ALLAHASSEF, FLORIN

G. MCLEOD

SEP 1 9 2012

EXAMINER

COVER LETTER

TO:

Registration Section

	Name of Limited Liability Company
The enclosed "Application by Foreign Limited Existence, and check are submitted to register	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning th	nis matter to the following:
Todd Harrington	
	Name of Person
JH Capital Group	
	Firm/Company
21800 Burbank Blvd	I., #330
	Address
Woodland Hills, CA 9	01367
	City/State and Zip Code
todd@jhcapitalgro	up.com
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this matter,	, please call:
Todd Harrington	at (818) 207-2694
Name of Person	Area Code & Daytime Telephone Number
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

APPLICATION BY FÖREIGN 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. Sigma Associates LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the veconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili Company," "L.L.C," "LLC.")	writte ity
2Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. 5/08/2012 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 5230 Las Virgenes Rd., Suite 265	
Calabasas CA 91303	
Calabasas, CA 91302 (Street Address of Principal Office)	E F
Douglas Jacobsen	
5230 Las Virgenes Rd., Suite 265	
Calabasas, CA 91302	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recombe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	ords ir
11. Nature of business or purposes to be conducted or promoted in Florida: Audit	
Signature of a number 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 any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
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.

ompany is:	
n the state of Florida is:	
ess of the registered agent and office are:	
•	
(Name)	
rk Dr., Suite 100	
Address (F.O. Box NOT ACCEPTABLE)	
_{FL} 33331	
City/State/Zip	
1	the state of Florida is: ess of the registered agent and office are: (Name) rk Dr., Suite 100 Address (P.O. Box NOT ACCEPTABLE) FL 33331

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.

5-- 09/17/2012

(Signature)

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

PAGE 1

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State of Belaware

1. 11

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903 120996195

09-04-2012

9914467

JH CAPITAL GROUP

21800 BURBANK BLVD., #300

WOODLAND HILLS

CA 91367

ATTN: TODD HARRINGTON X

DESCRIPTION	AMOUNT
SIGMA ASSOCIATES, LLC	
5151175 8300 Certificate in Re Short	
Certification Fee	50.00
Expedite 24 Hr., 1-3 Re-Short	40.00
FILING TOTAL	90.00
TOTAL PAYMENTS	90.00
SERVICE REQUEST BALANCE	.00

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "SIGMA ASSOCIATES, 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 FOURTH DAY OF SEPTEMBER, A.D. 2012.

5151175 8300

120996195

AUTHENT CATION: 9822293

DATE: 09-04-12

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