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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

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.

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Foreign Limited Liability Company Angler Advisors LLC

Certificate of Status	0
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D. BRUCE

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10/31/2012

CT CORPORATION

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COVER LETTER

TO: .	Registration Section Division of Corporations			
SUBJ	ECCT. ANGLER ADVISORS LLC			
3027	Name of Limited Li	ability Company		
		or Authorization to Transact Business in Florida," Cartificate of foreign limited liability company to transact business in Florida		
Please	e return all correspondence concerning this matter to the follow	ring:		
	R. Duke Buchan III			
	Name of I	Person		
	ANGLER ADVISORS LLC	•		
	Firm/Company			
	PO Box 3343			
	Addre	35		
	Palm Beach, FL 33480		3	
•	City/State and	Zip Code AH	2	
	dbiji@ymail.com	4SS	س	
	E-mail address: (to be used for futi	re annual report notification)	Ŧ.	
For fur	ther information concerning this matter, please call:	T. ST	ά	
	Courtney L. Scanlon at (7	26 (848-1538	Š	
	Name of Person Area Code &	E Daytime Telephone Number		
	MAILING ADDRESS: STREET ADD Division of Corporations Division of Cor Registration Section Registration Sec P.O. Box 6327 Clifton Building	porations etion		
	Tallahasseo, FL 32314 2661 Executive Tallahasseo, FL	Center Circle		
Enclos	sed is a check for the following amount: \$125.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$155.00	Filing Fee & \$160.00 Filing Fee, Certificate d Copy of Status & Certified Copy		

FL057 - 10/03/2010 C T System Online

12 NCT 31 AM 8: 5

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:

ANGLER ADVISORS LLC (Name of Foreign Limited Liability Company; must inc.)	clude "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")	pose of transacting business in Florida and attach a copy of the written termate name. The alternate name must include "Limited Liability	
2. Delaware (Jurisdiction under the law of which foreign limited liability	3. 90-0809442 (FEI number, if applicable)	
company is organized)		
4. 03/21/2012 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6		
(Date first transacted business in F (See sections 608.501 & 608.502 F.	florida, if prior to registration.) S. to determine penalty liability)	
7. 1100 North Market Street	P (0	
Wilmington, Delaware 19890-0955	SEC 72	
(Saect Addres	ss of Principal Office)	
If limited liability company is a manager-manage		<u> </u>
9. The name and usual business addresses of the ma		
R. Duke Buchan III	07 <u>A</u> 57	
PO Box 3343	0.5 9	
Palm Beach, FL 33480		
10. Attached is an original certificate of existence, no more than 90 he jurisdiction under the law of which it is organized. (A photocopranslation of the certificate under oath of the translator must be subtil.) Nature of business or purposes to be conducted or purposes.	emitted)	
11. Nature of business of purposes to be conducted to	n promoted in Profita.	
1)154	æ/₹^\	
Signature of a member or an at	uthorized representative of a member.	
•	cution of this document constitutes an affirmation under the	
· · · · · · · · · · · · · · · · · · ·	rue. I am aware that any false information submitted in a as a third degree felony as provided for in s.817.155, F.S.)	
R. Duke Buchan III		
Typed or printed	d name of signee	

FL057 - 10/05/2010 C T System Online

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.

If unavailable,	the alternate to be us	ed in the state of Florida is:	
2. The name a	nd the Florida street a	address of the registered agent and office are:	
	C T Corporation System	1	TAS :
		(Name)	
	1200 South Pine Island	Road	AU OCT : ORETA AHA.
	Florida S	APPR AN FILI 2 OCT 31 ECRETARY I LAHASSEE	
	Plantation	FL 33324	MD ED MY 8: 59 OF STATE EE. FLORIDA

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.

CT Corporation System

Connie Bryan

(Signature)

CT Corporation System

(Signature)

CT Corporation System

(Signature)

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

FL067 - 10/05/2010 CT System Cistine

Delaware

PAGE 3

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ANGLER ADVISORS 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2012.

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

5127704 8300

121026813

You may verify this certificate online at corp.deleware.gov/authvar.shtml

AUTHENTICATION: 9842591

DATE: 09-13-12