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COVER LETTER

TO:

Registration Section

	Name of Limited Liability Company
	d 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 to	his matter to the following:
Michael D. Royal	
	Name of Person
Pareto Asset Manageme	ent, a series of Pareto Group LLC, a Delaware Series LLC
	Firm/Company
59 King St., Apt. A	
	Address
Charleston, S.C. 294	01
	City/State and Zip Code
michael@pareto.g	ır
	ess: (to be used for future annual report notification)
or further information concerning this matter	r, please call:
Donna Oostdyk	at (843) 202-0604
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
inclosed is a check for the following a	amount:
\$125.00 Filing Fee \$130.00 Fili	

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:

Blue Maple Group, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L Company," "L.L.C," "LLC.")	the written iability
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. 03/08/2012 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease exist or "perpetual")	to
6. Day VIGISTIATION (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 59 King St., Apt A	
Charleston, S.C. 29401 (Sireet Address of Principal Office)	EC -3
8. If limited liability company is a manager-managed company, check here	PH 2:
9. The name and usual business addresses of the managing members or managers are as follows:	: 52
59 King St., Apt A	
Charleston, S.C. 29401	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: asset management	
	
Signature of a member 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

Michael D. Royal

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. Ine name	of the Limited Liability Co	mpany is:	
Blue Ma	ple Group, LLC		
If unavailabl	e, the alternate to be used in	the state of Florida is:	
2. The name	and the Florida street addre	ess of the registered agent and office are:	
	InCorp Services, Inc.		
		(Name)	•
	17888 67th Court N	lorth	_
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	-
	Loxahatchee	FL 33470	_
		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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

Marp Services, Inc.

\$ 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 "BLUE MAPLE GROUP, 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-NINTH DAY OF NOVEMBER, A.D. 2012.

5121091 8300

121258107

AUTHENTY CATION: 0019940

DATE: 11-29-12

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