Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000298041 3)))



H120002980413ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KATZ, BARRON, SQUITERO AND FAUST

Account Number: 072627002473 Phone: (305)856-2444

Fax Number : (305)285-9227

Enter the email address for this business entity to be used for future arnual report mailings. Enter only one email address please.

Email Address:

RECEIVED

12 DEC 20 PM 1: 46
SECRETARY OF STATE

Foreign Limited Liability Company Thomas Blaige & Company LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

12 DEC 20 AN IO: 30
SELVETARY OF STATE
THE LINESSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

DEC 21 2012

12/20/2012

https://efile.sunbiz.org/scripts/efilcovr.exe

XAMINER

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. | Thomas Blaige & Company LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | - |
|-----|--|--|
| | (talle of total and a submy obligately make installed submy obligately, subset of submy | |
| 001 | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili mpany," "L.L.C," "LLC.") | |
| 2 | Delaware 3 | |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | • |
| 4. | July 28, 2003 _{5.} | |
| | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | - |
| 6. | N/A | |
| •- | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | - |
| 7. | 1395 Brickell Avenue, Suite 800, Miami, Florida 33131 票 景 | 711 |
| | 20 (\$\$) | |
| | (Street Address of Principal Office) | ֓֞֞֓֓֓֓֓֓֓֓֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓֟֓֓֟֓֟֓֟֓֟֓֟֟ <u>֟</u> |
| 8. | If limited liability company is a manager-managed company, check here | Grands Valued |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | |
| | Thomas Blaige 1395 Brickell Ave., Suite 800, Miami, FL 33131 | |
| | | - |
| | | _ |
| | | _ |
| 10 | . Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of r | ecords i |
| thx | e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | |
| | instation of the certificate under oath of the translator must be submitted.) | |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: any and all lawful business | |
| | for which limited liability companies may be organized under the Fiorida Limited Liability Company Act | <u>.</u> . |
| | 70- | |
| | Signature of a member or an authorized representative of a member. | |
| | (In accordance with section 608.408(3), P.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 follony as provided for in s.817.155, F.S.) | |
| | Frank T. Adams | |

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.

| The name of the Limited Liability Company is: Thomas Blaige & Company LLC | | |
|---|---|--|
| If unavailable, | the alternate to be used in the state of Florida is: | |
| 2. The name a | nd the Florida street address of the registered agent and office are: | |
| | Corpco, Inc. | |
| | (Name) | |
| | 2699 S. Bayshore Dr., 7th Floor | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| | Miami FL 33133 | |

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
\$ 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 "THOMAS BLAIGE & COMPANY 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 NINETEENTH DAY OF DECEMBER, A.D.

2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THOMAS BLAIGE & COMPANY LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE.

BEEN PAID TO DATE.

3686280 8300

121361340

You may verify this certificate enline at comp.delaware.gov/authver.shtml

jeffrey W. Bullock, Secretary of State

THENTY CHITON: 0082030

DATE: 12-19-12