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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SHAW CAPITAL MANAGEMENT LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
SHIMON SHAW
Name of Person
SHAW CAPITAL MANAGEMENT UC Firm/Company
5811 SW 33 ED LANE
Address
City/State and Zip Code
City/State and Zip Code
Timshaw 132(a) Att. BlackBenny. Net E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report nonfication)
For further information concerning this matter, please call:
SHim N Shaw at 954 593-6383 AH Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 STREET ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building
Division of Corporations Division of Corporations
Registration Section Registration Section Registration Section P.O. Box 6327 Clifton Building
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Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. SHAW CAD' HAL IN AN AGENCY T LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	ŒŒN
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilit Company," "L.L.C," "LLC.")	ritten Y
2. NEW YORK State (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-3969033 (FEI number, if applicable)	
4. /1/8/2008 (Date of Organization) 5. PER DETUGE (Duration: Year limited liability company will cease to exist or "perpetual")	
6. October 22, 2012 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 5811 5 W 33 RD LANG	
Fl. LAWDER Salt Fl. 333/2 (Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here 5. S.	
9. The name and usual business addresses of the managing members or managers are as follows: 5	
5811 SW 33PD LANG	
Ft. LAUDENDALE, FL. 33312 BRITE &	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	nds in
11. Nature of business or purposes to be conducted or promoted in Florida:	
INVESTMENT CONSULTANTS	
x don tole	
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.)	
SHIMON SHAW	

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.

1. The name of the Limited Liability Company is:		
SHAW CAPITAL MANAGEMENT ILC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	······	
	 1	
SHIMON SHAW	13 JAN -2 SECRETAR ALLAHASS	
(Name)	AN A	77
5811 SW 33 RD LANK	m-i	I
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 2 GF ST E. FLC	Ö
Ft. LANDERDALL, FL 33312 City/State/Zip	PM 2: 46 OF STATE E. 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.

(Signature)

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

State of New York Department of State } ss:

I hereby certify, that SHAW CAPITAL MANAGEMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/08/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



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SECRETARY OF STATE

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of November two thousand and twelve.

First Deputy Secretary of State