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(Business Entity Name)							
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SECRETARY OF STATE

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

Palkon 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:

Shaheen Wirk

Name of Person

Palkon Capital Management LLC

Firm/Company

1000 5th Street Suite 200

Address

Miami Beach/FL 33139

City/State and Zip Code

swirk@palkoncap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shaheen Wirk

305 、417-9592

Name of Person

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status



3.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy

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 RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Palkon Capital Management 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
₂ Delaware
2. Utility (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. 10/9/12 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
on 1/2/13 took office space, but have not yet begun operating the business
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1000 5th Street Suite 200
Miami Beach, FL 33139
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
SAME AT #7
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
the jurisdiction 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.)
11. Nature of business or purposes to be conducted or promoted in Florida: Investing in publicly
traded securities as a Hedge Fund.
Shahan WM
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.)

Shaheen Wirk

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. T	he name of the	Limited Liabilit	y Company	is:				
	PALKON	CAPETAL	MANAG	EMENT		<u>C</u>		
If ur	navailable, the	alternate to be use	ed in the sta	te of Florida	is:			
2. T	he name and th	ne Florida street a	ddress of th	ne registered	agent a	nd office	are:	
	_	SHAHEE	V WI	(Name)				
	_	/000 5 TH	ST Sua	(P.O. Box NO	T ACCEP	AME B	EACH, FC	 331 3
		MAMC	BEACH	FL /	' 331	39		
	. ,	1 1			C	<i>C</i>	,	11

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.

Maken WM (Signature)

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

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SEGNETARY OF STATE

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PALKON CAPITAL MANAGEMENT, 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-EIGHTH DAY OF JANUARY, A.D.

2013.

5225095 8300

130077830

AUTHENTICATION: 0174839

DATE: 01-28-13

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