M1300002075

(Red	questor's Name)				
(Add	dress)				
(Add	dress)				
(/ (4/					
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nar	me)			
(Document Number)					
. (DO	zument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
I					

Office Use Only



700242993757

SAFK - Z FH THE

RECEIVED

CREARY OF STATE

N. Cultivari APR - 3 20101



A SERVICE COMPANY
ACCOUNT NO. : 12000000195
REFERENCE : 591766 4803460
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE : April 1, 2013
ORDER TIME : 12:54 PM
ORDER NO. : 591766-025 PLEASE FILE 2ND***
CUSTOMER NO: 4803460
FOREIGN FILINGS
NAME: AFFILIATED PRIVATE INVESTORS, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

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

IJMITED IJABILITY COMPANY TO TRANSACT BUSINESS IN T Affiliated Private Investors, LLC			
(Name of Foreign Limited Liability Company; must inc	lude	"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." "LL.C."	oose terna	of transacting business in Florida and attach a copy of the w te name. The alternate name must include "Limited Liability	ritten Y
2. Delaware	3.		
(Jurisdiction under the law of which foreign limited liability company is organized)	٥,	(FI;1 number, if applicable)	
4. April 1, 2013	5.	Perpetual	
(Date of Organization)	-	(Duration: Year limited liability company will cease to exist or "perpetual")	
б			
Date first transacted business in I (See sections 608,501 & 608,502 F.	Florie .S. to	la, if prior to registration.) determine penalty liability)	<u>्</u> र
7. 4512 N. Flagler Drive, Suite #201, West Palm Beach	, FL	33407	2113 / SECF
· .			F R
(Street Addre	ss of	Principal Office)	₹ - 2
		<u> </u>	ic
 If limited liability company is a manager-manage 	d cc	ompany, check here	STA =
9. The name and usual business addresses of the ma	ınag	ing members or managers are as follows:	=1
Brian J. McNally, 4512 N. Flagler Drive, Suite #201,		T T T T T T T T T T T T T T T T T T T	Smi G
Zilano, morteny, io 12 in region on o, estimately			
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photo:	20 da	ys old, duly authenticated by the official having custody of rec	xords in
the jurisdiction funder the raw of which it is organized. (A priored translation of the certificate under oath of the translator must be st			
11. Nature of business or purposes to be conducted	or n	romoted in Florida:	
Investment advisor	Oi p	remoted in Fiorida.	
		·	
my			
Signature of a member or an a	iuth	prized representative of a member.	
(in accordance with section 608.408(3), F.S., the ex- negatives of periory that the facts stated herein are	ceuti trae	on of this document constitutes an affirmation under the am aware that any false information submitted in a	
		third degree felony as provided for in s.817.155, F.S.)	

Typed or printed name of signee

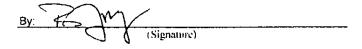
Brian J. McNally, Member

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.

Aniliated Pi	ivate Investors, LLC		
If unavaila	ble, the alternate to be used in th	ne state of Florida is:	
2. The nan	ne and the Florida street address	of the registered agent and office are:	· · · · · · · · · · · · · · · · · · ·
	Brian J. McNally		
		(Name)	
	4512 N. Flagler Drive, Suite	#201	量う工
	Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)	2
	West Palm Beach	33407 FL	所名 建 (
		City/State/Zip	5-2 -

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.



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

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "AFFILIATED PRIVATE INVESTORS, 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 SECOND DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AFFILIATED PRIVATE INVESTORS, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

5312231 8300

130385074

AUTHENTY CATION: 0327183

DATE: 04-02-13

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