

M13000002830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

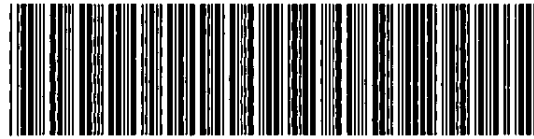
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 MAY -3 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY - 6 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VULCAN ADVISORS, 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:

Jose F. Ortega

Name of Person

Vulcan Advisors, LLC

Firm/Company

175 S.W. 7th Street, Suite 1107

Address

Miami, Florida 33130

City/State and Zip Code

jortega@vulcanfunds.com

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

For further information concerning this matter, please call:

Charmaine Perdon

Name of Person

at (212) 801-9200

Area Code & Daytime Telephone Number

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

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 636146 4724048
AUTHORIZATION : *Susie Knight*
COST LIMIT : \$ 125.00

ORDER DATE : May 3, 2013
ORDER TIME : 3:16 PM
ORDER NO. : 636146-005
CUSTOMER NO: 4724048

FOREIGN FILINGS

NAME: VULCAN ADVISORS, LLC

XXXX QUALIFICATION (TYPE: LL)

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

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. VULCAN ADVISORS, 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 45-3062729 (FEI number, if applicable)

4. 7/13/2011 (Date of Organization)
5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")

6. NOT APPLICABLE
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 175 S.W. 7TH STREET, SUITE 1107
MIAMI, FL 33130
(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:
SEE ATTACHED FOR THE NAMES AND ADDRESSES OF THE MANAGING MEMBERS

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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:
Any lawful activity under the Florida Limited Liability Company Act.

X [Signature]
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.)

INAKI NEGRETE, Authorized Representative

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Attachment to Florida Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

VULCAN ADVISORS, LLC

9. The name and usual business addresses of the managing members or managers are as follows:

Strategic Investment Group, LLC
c/o National Registered Agents, Inc.
P.O. Box 13432, Newark, NJ 07101

Brauncorp, LLC
175 SW 7th St Suite 1107
Miami Fl 33130

Axin Holdings, LLC
2790 Brickell Ct
Miami FL 33129

Alonda Group, LLC
2121 Ponce De Leon Blvd.
Suite 1050
Coral Gables, FL 33134

Zaragoza Group, LLC
2121 Ponce De Leon Blvd.
Suite 1050
Coral Gables, FL 33134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

VULCAN ADVISORS, LLC

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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, 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.

Corporation Service Company

By: 

(Signature)

Sue G. Knight
Assistant Vice President

\$ 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 "VULCAN ADVISORS, 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 THIRD DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VULCAN ADVISORS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5009866 8300

130524414



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0405981

DATE: 05-03-13