00003536 6/5/2013

Florida Department of State

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Foreign Limited Liability Company Atlas One Asset Management, LLC

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B. BOSTICK

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JUN **- 6** 2013

EXAMINER

CR2E027 (9/10)	Ç01	ær letter	 		•	
TO: Registration Section Division of Corporation	ns					
ATLAS ONE ASS	SET MANAGEMENT, LLC			•		
SUBSECT:	Name of Lis	nited Linbility Co	птрапу .			
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Con tod to register the above refe	ipany for Authoriz renced foreign lizz	zation to Transact Builted liability compar	tainess in Plorida," 1y to transact busin	Certificates in Flo	te of rida,,
Please return all correspondence	concerning this matter to th	e following:			•	
JORGE KALE	3	•				
	N	ame of Person		·····		
ATLAS ONE	HOLDINGS, LLC					
	F	rm/Company				
200 SOUTH B	ISCAYNE BLVD., SUITE	1400		•		
·	-544	Address				
MIAMI, FL 93	1131	•		•		
	City/S	tate and Zip Code				
jkalb@utlasone	holdings.com			. X s	20	
	E-mail address: (to be use	for fulure annual	report notification)	TC:	<u></u>	evecy
For further information concerni	ng this matter, please call:			in fri Par	Ē	1
Charmaine Perdo	ON	212 at (801-9200	SSE SSE	ᆤ	
Nome	of Person Are		Telephone Number	· — ,	Æ	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassoe, PL 32314	Division Division Registra Clifton 2661 E	ET ADDRESS: in of Corporations ation Section Building xecutive Center C useo, FL 32301	•	STATE STATE	9: 32	
Enclosed is a check for the El \$125.00 Filing Fee	following amount: CI \$130.00 Filing Fee & Certificate of Status	🗆 \$155.00 Fili Centified Co		0.00 Filing Fee, Co Status & Certified (

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

nama wasyaitakia autoa	oleonia anno adantal Anstra		of transacting business in Florida an		<u></u>
isont of the managers or mpany," "L.L.C," "LLC	th gnifqobs erederem gniganem	purpose io altern	ate name. The alternate name must in	o guaca a cup plude "Limite	d Liabi
DELAWARE	·	3.	TO BE APPLIED		
Jurisdiction under the is company is organized)	w of which foreign limited linb	Ility	(FEI number, if appli	cable)	
12/08/2006		5.			
(Date of (Organization)		(Duration: Year limited liability c exist or "perpetual")	ompany will c	ense to
UPON FILING					
((Date first transacted husiness See sections 608.501 & 608.50	in Flor 12 F.S. 1	kia, if prior to registration.) o determine penalty liability)		
200 SOUTH BISCAY	NE BLVD., SUITE 4400	,	<u>-</u>	. =	~
MIAMI, PL 33131				VLT.	13
	(Street Ac	dress o	f Principal Office)	<u> </u>	Ę
			4	AS A	-
it limited liability of	mpany is a manager-man	aged c	ompany, check here [X]	SEY	τ.
The name and usual	business addresses of the	mana	ging members or managers are		7
ATLAS ONE HOLDE	NGS, LLC, 200 South Biscayne	Blvd.,	Suits 4400, Miami, FL 33131	80.1. ¥1.3	ي
•				— ∂r i	ಹ
				***	.~
,,-		-		<u>.</u>	
jurisdiction under the law	vof which it is organized. (A ph	ctocopy	lays old, duly authenticated by the offic y is not acceptable. If the certificate is in		
	inder oath of the translator must		·		
Nature of business	or purposes to be conduct	ed or	promoted in Florida:		
Asset Management Serv	rices				
				•	
			orized representative of a men		
			ion of this document constitutes on affirmation affirmation and any false information		
			third degree follows as provided for i		

Typed or printed name of signee

PLOSS - 03/17/3013 Wolters führer Onlien

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.

	of the Limited Lia	bility Company is: NT, LLC			_
If unavailable,	the alternate to b	e used in the state of Florida is:	•		
2. The name a	and the Florida str	reet address of the registered agent and office are:		~	_
		C T Corporation System	SECF	ر 133	am And
		(Nume)		N N	£ 1
		1200 South Pine Island Road	ARY SSEI	+	Barbara -
	Flo	rida Street Address (P.O. Box NOT ACCEPTABLE)		7	m
	Plantation	FL 33324 City/State/Zin	CORINA LORINA	9: 32	U

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.

By: (Signature)

Sandra Ortega Assistant Secretary

\$ 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 "ATLAS ONE ASSET 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 THIRD DAY OF JUNE, A.D. 2013.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4264903 8300

130729738

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

AUTHENTICATION: 0477865

DATE: 06-03-13