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(Re	equestor's Name)			
(Ád	ldress)	······································		
(Ad	ldress)	<u>. </u>		
(Cit	ty/State/Zip/Phone	 ⊋ #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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800252102638

TALLAHASSEE, FLORIDA

AN 10: 55 DEPARTMENT OF

B. BOSTICK OCT 3 0 2013 EXAMINER



ION SERVICE COMPANY.					
	ACCOUNT NO.	:	12000000	195	
	REFERENCE	:	864189	4804708	
A	UTHORIZATION	:	Local	X al	
	COST LIMIT	:	\$ 125.00	Elemon	<u> </u>
ORDER DATE : Octo	ober 29, 2013				
ORDER TIME : 3:	25 PM				
ORDER NO. : 864	189-030				
CUSTOMER NO:	1804708			•	
FOREIGN FILINGS					
	PITARIO CAPITA LLC	AL N	MANAGEMENT .	,	2013 OCT 29 AH SLOWEL NY DE TALLAHASSEE, FU
XXXX QUALIFICATION (TYPE: <u>LL</u>)					110: 55
PLEASE RETURN THE	FOLLOWING AS	PRO	OF OF FILE	ING:	
CERTIFIED XX PLAIN STAN CERTIFICAT		NDI	ING		
CONTACT PERSON: S	Susie Knight -	- E	XT# 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.

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	E STATE OF FLORIDA;
Pitano Capital Management, LLC	
(Name of Foreign Limited Liability Company: must inclu-	de "Limited Liability Company." "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpos onsent of the managers or managing members adopting the alter ompany," "E.E.C," "LLC.")	e of transacting business in Florida and attach a copy of the wr nate name. The alternate name must include "Limited Liability
Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
June 27, 2007	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
	7
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
777 South Flagler Drive, Suite 800, West Tower, West	
(Street Address	of Principal Office)
The name and usual business addresses of the mana Annabelle Garrett, 777 South Flagler Drive, Suite 800,	
O. Attached is an original certificate of existence, no more than 90 e jurisdiction under the law of which it is organized. (A photocopunslation of the certificate under oath of the translator must be subtile. Nature of business or purposes to be conducted or Purchasing and selling securities.	y is not acceptable. If the certificate is in a foreign language, a mitted.)
Chille Will.	
	horized representative of a member.
penalties of perjury that the facts stated herein are true	ntion of this document constitutes an affirmation under the c. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
Annabelie Garrett	

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.

	of the Limited Liability Co	ompany is:		· · · · · · · · · · · · · · · · · · ·
If unavailable	e, the alternate to be used in	the state of Florida is:		
•	,	•	, ;	
2. The name	and the Florida street address Annabelle Garrett	ess of the registered agent and office	ce are:	MINOUT 29
•		(Name)		
	777 South Flagler Drive, Suite 800, West Tower			
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	,,,,,,	TOWNS.
	West Palm Beach	33401 FL		
.; ;		City/State/Zip		

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)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PITARIO 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-NINTH DAY OF OCTOBER, A.D.

2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PITARIO

CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF

JUNE, A.D. 2007.

SECRETARY OF COME.

4379102 8300

131247075

AUTHENTY CATION: 0851439

DATE: 10-29-13

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