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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)	,	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Statu	us	
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kodak Brothers Capital Management, LLC Name of Limited Libility 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:
Chadd J Kodak Name of Person
Kodak Brothers Capital Management, LLC Firm/Company
V V
11 (~ E
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Chald T Kodak at (774) 487-5056 Name of Person 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: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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 FOREIC LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liadility 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 writter
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable).
Date of Organization) 5. (Duration Year limited liability company will cease to
exist or "perpetual") 5. Soon, upon approval with the state
(Hate first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3355 Bee Cave Road Svile 688
Awtin, TX 78746 (Street Address of Principal Office)
(Street Address of Principal Office)
3. If limited liability company is a manager-managed company, check here
The name and usual business addresses of the managing members or managers are as follows:
Chadd I Kodak Managing Member Scott C Kodak Managing Member
5687 Naples Boulevard 3355 Rea Cave Road, Juite 6008
Naples, FL 34189 Austin, TX 78746
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida:
for private investments
Charles James
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.)

Chadd T Kodak
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.

1. The name of the Limited Liability Company is: Kolak Brothers Capital Management, 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: Chadd T Kodak (Name) S687 Name Florida Street Address (P.O. Box NOT ACCEPTABLE) Name FL 341Ø9 City/State/Zip Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment	

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.

Chron 2 Jane (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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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John Steen Secretary of State

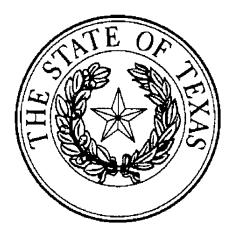
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Kodak Brothers Capital Management, LLC (file number 801494964), a Domestic Limited Liability Company (LLC), was filed in this office on October 17, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 30, 2013.



Phone: (512) 463-5555

Prepared by: SOS-WEB



John Steen Secretary of State