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FEB 1 0 2013

T. HAMPTON

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

### GULFSIDE CAPITAL MANAGEMENT, 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:

CHRISTOPHER E. P. NALLEY				
Name of Person				
Firm/Company				
2125 SE 5th Street				
Address				
Pompano Beach, Florida 33062				
City/State and Zip Code				
cnalley@outlook.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Craig D. Linder, Esq.

.,954

549-7270

Name of Contact 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:

■ \$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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

GULFSIDE CAPITAL MANAGEMENT, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate r Liability Company," "L.L.C," or "LLC.")		e "Limited
2. DELAWARE 3. 31-174845		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applied to the law of which foreign limited liability company is organized)	cable)	
4		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	SECO ALL	
5. 2125 SE 5th Street	至四日	11
Pompano Beach, Florida 33062	ASSER -1	
(Street Address of Principal Office)  6. 2125 SE 5th Street	F 51%	
Pompano Beach, Florida 33062		Ď
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to m	nanage is/are:	
CHRISTOPHER E. P. NALLEY, as sole manager of Ocean	side Cap	ital
Management, LLC, as sole manager of Gulfside Capital Management	gement, L	.LC
2125 SE 5th Street, Pompano Beach, Florida 33062		
8. Attached is an original certificate of existence, no more than 90 days old, duly auther having custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	photocopy is	not

Signature of an authorized person
(In accordance with section 605.0203, 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.)

#### CHRISTOPHER E. P. NALLEY

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

#### **GULFSIDE CAPITAL MANAGEMENT, LLC**

if unavariable, the afternate to be used in the state of Piorida is.					

2. The name and the Florida street address of the registered agent and office are:

CHRISTOPHER E. P. NALLEY			
	(Name)		
2125 SE 5th St	reet		
Florida Street Ad	ldress (P.O. Box NOT ACCEPTABLE)		
Pompano Beach	FL 33062		
	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 605, 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)

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# Delaware

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#### The First State

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

DELAWARE, DO HEREBY CERTIFY "GULFSIDE 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 SEVENTEENTH DAY OF JANUARY, A.D.

2014.

5**46814**7 8300

140062469

AUTHENTY CATION: 1071344

DATE: 01-17-14

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