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SECRE JARY OF STATE
BIVISION OF CORPORATIONS

MAY 16 2014
J. HARRIS

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Pro Cap II, 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:
Marc Rubinsohn
Name of Person
Pro Cap II, LLC
Firm/Company
1000 Haddonfield Berlin Road
Address
Voorhees, NJ 08043
City/State and Zip Code
marcr@procapllc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marc Rubinsohn at 856 751-2819
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 Tailahassee, FL 32301
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$125.00 \text{ Filing Fee}\$ \$\propto \$\$\$ \$130.00 \text{ Filing Fee} & \$\propto \$\$\$\$ \$155.00 \text{ Filing Fee} & \$\propto \$\$\$\$\$ \$160.00 \text{ Filing Fee}, \text{ Certificate} \$

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: Pro Cap II, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "L.LC.") 2. New Jersey (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 1000 Haddonfield Berlin Road Voorhees, NJ 08043 (Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marc Rubinsohn, CEO 1000 Haddonfield Berlin Road Voorhees, NJ 08043 8. 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)

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.)

Marc Rubinsohn

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
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Pro Cap II, 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:

Seabreeze Corporate Services, LLC

(Name)

444 Seabreeze Blvd. Suite 900

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

Daytona Beach

32118

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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STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

PRO CAP II LLC 0400530758

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 20, 2012.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2013

I further certify the registered agent and registered office are:

Flaster/Greenberg P.C. 1810 Chapel Avenue West Cherry Hill, NJ 08002

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Certificate Number: 132115634

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of May, 2014

Andrew P Sidamon-Eristoff
State Treasurer