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SECRETARY OF STATE
TALLAHASSEF, FIORIN

JUN 1 6 2014

T. BROWN

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:	Setti	Financial	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..

Robert J Setti Name of Person					ollowing:			
Setti Financial LLC Firm/Company 1867 Rita St Address Sarasota, FL 34231-7725 City/State and Zip Code rob@settifinancial.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert J Setti Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Setti Firm/Company Address Stry/State and Zip Code Tob@settifinancial.com Begistration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314		Robert J	Setti					
Tablahassee, FL 3314 Address Sarasota, FL 34231-7725 City/State and Zip Code rob@settifinancial.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert J Setti Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Address Address Street Address Division of Corporations Registration Section Clifton Building Contact Person Address Street Address Division of Corporations Registration Section Clifton Building Contact Person Clifton Building Contact Person Address City/State and Zip Code Tode To			, "	Nar	ne of Person			
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Robert J Setti Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Reference STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle			E-mail address: (to	be used	for future annual rep	ort notific	cation)	
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Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	Ro	bert J Set	ti		at (866	, 531	1-7320	
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle		Name of Co	ntact Person			Da	nytime Telephone Number	
,	Divis Regis P.O.	ion of Corporations stration Section Box 6327	,	Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding cutive Center Circ	cle		
Enclosed is a check for the following amount:	Enclosed is	a check for the follo	owing amount	:				
■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. C			\$130.00 Filing I	ec &			☐ \$160.00 Filing Fee, Cert of Status & Certified Co	

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:

1. Setti Financial LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "	116.3
Setti Capital Management LLC	BBC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C." or "LL.C.")	e must include "Limited
2. State of Maine 3. 46-2572499	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable company is organized)	(e)
4. N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	TAL
5. 1867 Rita St	5 <u>2</u> <u>2</u> <u>11</u>
Sarasota, FL 34231-7725	ASS CO
(Street Address of Principal Office)	एक य
6. 1867 Rita St	FES 3:
Sarasota, FL 34231-7725	高 3
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to mar	nage is/are:
Robert J Setti, Managing Member	
1867 Rita St	
Sarasota, FL 34231-7725	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A pheacceptable. If the certificate is in a foreign language, a translation of the certificate under comust be submitted) Signature of an authorized person (In accordance with section 605 0203, E.S., the execution of this document constitutes an affirmation under the penalties of perjury the	otocopy is not path of the translator - nat 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.)

Typed or printed name of signee

Robert J. Setti

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:	
	nancial LLC	Sompany 13.	
If unavailable	, the alternate to be used	in the state of Florida is:	
Setti Ca	ipital Managen	nent LLC	
2. The name	and the Florida street add	dress of the registered agent and office are:	
	TODOIT 0. OC	(Name)	
	1867 Rita St	· ·	
	Florida Stro	eet Address (P.O. Box NOT ACCEPTABLE)	
	Sarasota	FL 34231-7725 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)

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that SETTI FINANCIAL LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is April 22, 2013.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

Authentication: 4141-370

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twelfth day of May 2014.

Matthew Dunlap Secretary of State