Division of Corporations



Page 1 of 1

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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#### Foreign Limited Liability Company Novus Capital Group, LLC

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JUL 0 7 2014

S. YOUNG

#### **COVER LETTER**

BJECT:	Novus Capital Grou	p, LLC			
DIECT.	······································	Name of Limite	d Liability Company		
ic enclosed distence, and	"Application by For feheck are submitted	eign Limited Liability Com d to register the above refer	pany for Authorization enced foreign limited	on to Transact Business in Florida," ( I liability company to transact busine	Certificate o ss in Florida
ase return :	all correspondence o	concerning this matter to the	following;		
	Kathy Hartfield				
		Ņ	ame of Person		
	Novus Capital (	<del></del>			
		F	irm/Company		
	4500 Kruse Way	Sic 170	·		
		•	Address		
	Lake Oswego, C				
		•	inte and Zip Code		
	kathy@novuscap	italgroup.com E-muil address: (to be use	d for listers sential more	er polification	
e Greeken Inc	in-mating apparatu		a lor ratale militariteja	in interiorial	
t intruct iui	omnation concernin	g this matter, please call:			
Kath	y Harmeld		at (_503)	303-5102	
	Name o	f Contact Person	Area Code	Daytime Telephone Number	
	LING ADDRESS:	STRE	<u>et address</u> ;		
	sion of Corporations stration Section		n of Corporations ation Section		
	Box 6327		Building		
	hassee, Ft. 32314	2661 E	xecutive Center Circ issee, I'L 32301	de	
nclosed is	a check for the f	ollowing amount:			
	25.00 Filing Fee	□ \$130.00 Filing Fee &	☐ \$155.00 Filing	Fee & S160.00 Filing Fee, Cer	tificate

14 JUL -3 PH IZ: 34
SECRETARY STATE
ALLAHASSEL STATE

FL037 - 01/16/2014 Welters Kluwer Online

## 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:

Delaware  Delaware  Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)  (Date first transacted business in Florida, if prior to registration.)  (See sections 683,8964 & 663,0903, F.S. to determine penalty liability)  4500 Kruse Way Ste 170  Lake Oswego, OR 97035  (Street Address of Principal Office)  Same as above  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  In Saefke Manager 4500 Kruse Way Ste 170, Lake Oswego, OR 97035  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not expetable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator is be submitted)  Signature of an authorized person  Typed or printed name of signee  Typed or printed name of signee	Novus Capital C	of Foreign Limited Liabl	lity Company; must include	"Limited Liability	Company.""I1	C.," or "LLL"	}	
Delaware  John Saefke  Typed or printed is an original certificate is in a foreign language, a translation of the certificate under oath of the translator is the submitted.  John Saefke  Typed or printed name of signee  (Single of printed name of signee  John Saefke  Typed or printed name of signee  (Single of printed name of signee  (Single of printed name of signee  (FEI number, If applicable)  (See sections) (FEI number, If applicable)  (See sections) (FEI number, If applicable)  (Number of signee)  (Applicable)  (See sections)		-			,,,		•	
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(See sections 603.0904 & 603.0903, F.S. to determine penalty liability)  4500 Kruse Way Ste 170  Lake Oswego, OR 97035  (Street Address of Principal Office)  same as above  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  an Sacike Manager 4500 Kruse Way Ste 170, Lake Oswego, OR 97035  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not reptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator is the submitted)  Signature of an authorized person  Signature of an authorized person  Signature of an authorized person at this document to the Department of State constitutes a hild degree falony as provided for in s. \$17,185, F.S.  John Sacike  Typed or printed name of Signee	Jurisdiction under	the law of which foreign ized)	limited liability		(FEI number, il	(applicable)		_
(See sections 603.0904 & 603.0903, F.S. to determine penalty liability)  4500 Kruse Way Ste 170  Lake Oswego, OR 97035  (Street Address of Principal Office)  same as above  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  an Sacike Manager 4500 Kruse Way Ste 170, Lake Oswego, OR 97035  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not reptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator is the submitted)  Signature of an authorized person  Signature of an authorized person  Signature of an authorized person at this document to the Department of State constitutes a hild degree falony as provided for in s. \$17,185, F.S.  John Sacike  Typed or printed name of Signee								
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1. The name of the Limited Liability Company is:

# 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.

Novus Capital O	lroup, LLC	-					
If unavailable,	If unavailable, the alternate to be used in the state of Florida is:						
2. The name a	and the Florida street address of the registered agent and office are:	. ,					
	C T Corporation System						
	(Name)						
	1200 South Pinc Island Road						
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Plantation Fl 33324						
	City/State/Zip						
liability comporegistered age statutes relativ	named as registered agent and to accept service of process for the above stated limited any at the place designated in this certificate, I hereby accept the appointment as ent and agree to act in this capacity. I further agree to comply with the provisions of along to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 605, Florida  CT Corporation System Hill M. Hook	14 JUL -					
	(Signature) Hiedi M. Liesch, Asst. Sec.	1 1 T					
	\$ 100.00 filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	PH 12: 34					

# Delaware

D B (\*\*E)

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NOVUS CAPITAL GROUP, 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 SECOND DAY OF JULY, A.D. 2014.

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

FILED BY 34
SECRETARY SECRETARY

5270104 8300

140915083

You may verify this certificate coline at corp.delaware.gov/authver.shtml Jeffrey W. Bullack, Secretary of State

AUTHENTY CATION: 1506612

DATE: 07-02-14