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| (Requestor's Name)<br>(Address)<br>(Address) | 500262986335   |
| (City/State/Zip/Phone #)                     | 08/06/1401001008 **155.00<br>08/06/1401001008 **155.00<br>SUFFICIENCY \$FILE<br>SUFFICIENCY \$FILE<br>SUFFICIENCY \$FILE |
| Certified Copies Certificates of Status      | 3-03<br>MIN AUG - 7 AH IO: 58<br>AMASSEE FLORING   |
| Office Use Only                              |  |

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2014

CORPORATE ACCESS

#### SUBJECT: PARADIGM INVESTMENT PARTNERS, LLC Ref. Number: W14000048025

We have received your document for PARADIGM INVESTMENT PARTNERS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 814A00016834

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| INC. 236 East 6th Avenue. Tallahassee, Florida 32303<br>P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-166 |                       |                            |                      |                      | . Fax (850) 222-1666 |                   |  |
|---|-----------------------|----------------------------|----------------------|----------------------|----------------------|-------------------|--|
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|   |                       | PICK UI                    | 2                    | 8-5-14               |                      |                   |  |
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| Ł   | FILING                |                            | Forei                | gn LLC               |                      |                   |  |
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## **COVER LETTER**

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| TO: Registration Section<br>Division of Corporations   |
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| SUBJECT: Paradigm Investment Partners, LLC   |
| 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:  |
| Dennis Burger  |
| Name of Person   |
|  |
| Firm/Company   |
| 2986 Aviamar Circle  |
| Address  |
| Naples, Florida 34114  |
| City/State and Zip Code  |
| dennisburger@yahoo.co.uk   |
| E-mail address: (to be used for future annual report potification)   |
| For further information concerning this matter, please call:   |
| Dennis Burger646957-0957   |
| Name of Contact Person Area Code Daytime Telephone Number  |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton Building   |
| Tallahassee, FL 32314<br>Enclose the before the full series empower to the fu   |
| Enclosed is a check for the following amount:<br>S125.00 Filing Fee Status Certified Copy<br>Certificate of Status Certified Copy<br>Certified Copy<br>S125.00 Filing Fee Certified Copy<br>S125.00 Filing Fee Status Certified Certif |

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### 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. Paradigm Investment Partners, 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 "LLC.") Delaware

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(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Mark Kaplan, Managing Member Dennis Burger, Managing Member 2986 Aviamar Circle 2986 Aviamar Circle

Naples, FL 34114

Naples, FL 34114 .

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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)

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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.)

William A. Durkin, Authorized Representative

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:

## Paradigm Investment Partners, 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:

# NRAI Services, Inc.

(Name)

## 515 East Park Avenue

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

Tallahassee

<sub>FL</sub> 32301

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.

Michae (Signature) Manus \$ 100.00 Filing Fee for Application \$ 25.00 **Designation of Registered Agent** 30.00 Certified Copy (optional) S Certificate of Status (optional) 5.00 8



PAGE 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARADIGM INVESTMENT PARTNERS, 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 FIFTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARADIGM INVESTMENT PARTNERS, LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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AUTHENTY CATION: 1594365

DATE: 08-05-14

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141035343 You may verify this certificate online at corp.delaware.gov/authver.shtml