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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

AUG 1 2 2014 T. BROWN

4126

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

AdCap Securities, 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:

Gustavo Dominguez
Name of Person
AdCap Holdings, LLC
Firm/Company
701 Brickell Avenue, Ste 850
Address
Miami, Florida 33131
City/State and Zip Code
gdominguez@ad-cap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo Dominguez

,305

374-1177

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2014

GUSTAVO DOMINGUEZ ADCAP HOLDINGS, LLC 701 BRICKELL AVE STE 850 MIAMI, FL 33131

SUBJECT: ADCAP SECURITIES, LLC

Ref. Number: W14000047264

We have received your document for ADCAP SECURITIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

The document must contain the usual business addresses of its managing members or managers.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 514A00016542

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:

Allinois (Junisdiction 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) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) Miami, FI 33131 (Street Address of Principal Office) Miami, FI 33131 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Gustavo Dominguez / Manager 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off naving 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 transmust be submitted) Signature that any authorized person	If name unavailable, enter alternate name adopted for the purpose of transacting business iability Company," "L.L.C," or "LLC.")	in Florida. The alternate name must include "Limited
(Justactiction under the law of which foreign limited liability company is organized) 4. July 30, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 701 Brickell Avenue Suite 840 Miami, Fl 33131 (Street Address of Principal Office) Miami, Fl 33131 (Street Address of Principal Office) Miami, Fl 33131 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Gustavo Dominguez / Manager 3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off naving 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 transmust be submitted)	, Illinois 36-424	46007
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Signature tran authorized person		
Signature draw authorized person		
Signature of an authorized person	ATT)	
n accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated here		
		under the penalties of perjury that the facts stated herein a

Gustavo Dominguez

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.

The name of the Limited Liability Company is: AdCap Securities, LLC				
If unavailabl	e, the alternate to be	used in the state of Florida is:		
2. The name	e and the Florida stre	et address of the registered agent and office are:		
	AdCap H	loldings LLC		
		(Name)		
	701 Brick	cell Avenue Ste 850		
	Flori	da Street Address (P.O. Box NOT ACCEPTABLE)		
	Miami	33131 FL 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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

File Number

0021796-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADCAP SECURITIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 28, 1998, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1421102318
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH

day of

JULY

A.D.

2014

SECRETARY OF STATE