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SECRETARY OF STATE

EOV = 4 2014

T. HAMPTON

COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

Whitecap Holdings LLC

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	e of rida
Please return all correspondence concerning this matter to the following:	
Glenn Asaff	
Name of Person	
Whitecap Holdings LLC	
Firm/Company	
812 Buttonbush Lane	
Address	
Naples, Florida 34108	
City/State and Zip Code	
asaffglenn@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Glenn Asaff _{at.} 781799-4729	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$125.00 Filing Fee	

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:

I. Whitecap Holdings LLC	
(Name of Foreign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C." or "LLC.")	transacting business in Florida. The alternate name must include "Limited
₂ Delaware	3. 20-5078660
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4.	
(Date first transacted business i (See sections 605.0904 & 605.090	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)
₅ 812 Buttonbush Lane	
	SECI WALL
	ss of Principal Office)
6. 812 Button Bush Lane	
Naples, FL 34108	To w
(Mai	ling Address)
7. The name, title or capacity and address of the per	rson(s) who has/have authority to manage is/are:
Glenn Asaff, CEO	
located at: 812 Buttonbush Lane,	Naples, FL 34108
having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, must be submitted) Signature of (In accordance with section 605 0203, F.S., the execution of this document to am aware that any false information submitted in a document to the Department.	more than 90 days old, duly authenticated by the official ne law of which it is organized. (A photocopy is not a translation of the certificate under oath of the translator an authorized person natutes an affirmation under the penalties of perjury that the facts stated herein are true to of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Glenn Asaff	

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.

AGENT IN TH	HE STATE OF FLOR	RIDA.	
	of the Limited Liabili p Holdings L		
If unavailable,	the alternate to be us	sed in the state of Florida is:	
2. The name a	and the Florida street	address of the registered agent and office are:	
	Glenn Asa	iff	
		(Name)	
	812 Buttor	nbush Lane	
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	
	Naples	34108 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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

S 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WHITECAP HOLDINGS 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 FIFTEENTH DAY OF OCTOBER, A.D. 2014.

4177108 8300

141293036

AUTHENTY CATION: 1780051

DATE: 10-15-14

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