# M14000008056

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: EIH Capital Advisors, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	ificate of 1 Florida
Please return all correspondence concerning this matter to the following:	
Michael T. Greif	
Name of Person	
EIH Capital Advisors, LLC	
Firm/Company	
1000 NW 57th Court, Suite 900	
Address	
Miami, FL 33126	
City/State and Zip Code	
mgreif@empireih.com	
É-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael T. Greif 305 403-1111	
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:      S125.00 Filing Fee   S130.00 Filing Fee & Certificate of Status   Certified Copy   S160.00 Filing Fee, Certified Copy   Certified Copy   S160.00 Filing Fee, Certified Copy   S160.00	



October 13, 2014

MICHAEL GREIF 1000 NW 57TH CT SUITE 900 MIAMI, FL 33126

SUBJECT: EIH CAPITAL ADVISORS, LLC

Ref. Number: W14000062364

We have received your document for EIH CAPITAL ADVISORS, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$125.00.

Please return the corrected original and one copy of 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.

Letter Number: 814A00021879

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

### 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 EIH Capital Advisors, LL		MUSA.
(Name of Foreign Limited Liability Compa	any; must include "Limited Liability Company," "L.L.C	.," or "LLC.")
(If name unavailable, enter alternate name adopted for th Liability Company," "L.L.C," or "LLC.")	e purpose of transacting business in Florida. The alterna	ite name must include "Limited
<sub>2.</sub> Delaware	<sub>3.</sub> 20-5085328	
(Jurisdiction under the law of which foreign limited lia company is organized)	ability (FEI number, if ap	plicable)
4. September 2, 2014		至空车
(Date first transact (See sections 605.090	ed business in Florida, if prior to registration.)  4 & 605.0905, F.S. to determine penalty liability)	2 2
<sub>5.</sub> 1000 NW 57th Court,	Suite 900	5 m
Miami, FL 33126		79 Z 0
6. 1000 NW 57th Court,	(Street Address of Principal Office) Suite 900	TAIE ORIDA
Miami, FL 33126		·
	(Mailing Address)	
7. The name, title or capacity and address	of the person(s) who has/have authority to	o manage is/are:
David Alfonso, Chairme	en	
1000 NW 57th Court, S	Suite 900	
Miami, FL 33126		
8. Attached is an original certificate of exist having custody of records in the jurisdiction acceptable. If the certificate is in a foreign must be submitted)	on under the law of which it is organized. (	A photocopy is not

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.)

**David Alfonso** 

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:	
	pital Advisors,	1	
If unavailable	e, the alternate to be used	d in the state of Florida is:	
2. The name	and the Florida street ad	ddress of the registered agent and office are:	
	Michael T. C	3reif	
		(Name)	-
	1000 NW 57	7th Court, Suite 900	
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	-
	Miami,	FL 33126	_
		City/State/7in	

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)



DACE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "EIH CAPITAL ADVISORS, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2014.

3710380 8300

141164420

AUTHENTY CATION: 1690378

DATE: 09-11-14

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