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#### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Email Address: Diana, Collins @incurp. com

Foreign Limited Liability Company

Lazarus Capital Development Fund, LLC

Certificate of Status	0
Certified Copy	. 1
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11/20/2014

#### **COVER LETTER**

	istration Section sion of Corporations				
SUBJECT.	Lazarus Capital Development Fund, LLC				
SUBJECT: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:					
	Diana Collins				
Name of Person					
InCorp Services, Inc.					
	Firm/Company				
	2360 Corporate Circle · Suite 400				
	Address				
Henderson, NV 89074-7739					
City/State and Zip Code					
	compliance@incorp.com  E-mail address: (to be used for future annual report notification)				
For further in	formation concerning this matter, please call:				
Dlan	a Collins for Incorp Services, Inc. at ( 702 ) 866-2500				
•	Name of Contact Person Area Code Daytime Telephone Number				
Divi Reg P.O.	ILING ADDRESS: sion of Corporations birtation Section Box 6327 chassee, FL 32314 STREET ADDRESS; Division of Corporations Registration Section Clifton Bullding 2661 Executive Center Circle Tallahassee, FL 32301				
	s a check for the following amount:  125.00 Filing Fee  \$\Bigsup \text{\$\subseteq} \				

## 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 RECUSTER A FOREIGN LIMITED LIMITED LABILITY COMPANY TO THANSACT BUSINESS IN THE STATE OF FLORIDA:

Lazarus Capital Development Fund, LLC (Name of Parelan Limited Liability Company: n	nust include "Limited Limited Limited Company," "L.L.C.," or "L.L.C.")				
(If name unavailable, enter alternate name adopted for the purp Liability Company, "1.1.C." or "1.1.C.")	nese of transacting business in Florida. The alternate name must include "L	imited			
2. Delaware	3 N/A				
(Jurisdiction under the law of which foreign limited liability company is organized)	(Fill infiniter, il applicable)	<b></b>			
Upon Registration	•				
(Date first transacted bar (See sections 605,090-) & 6	siness in Florida, if prior to registration.) i05.0905, F.S. to determine penalty Hability)				
5. 1000 Brickell Avenue, Suite 335					
Miami, FL 33131		<b>1</b>			
(Street Address of Principal Office)  6. 1000 Brickell Avenue, Suite 335					
Miami, FL 33131					
	(Mailing Address)				
7. The name, title or capacity and address of the	he person(s) who has/have authority to manage is/are:	આ પ્ર			
Ferdinand J. Ruano Member 1000	0 Brickell Avenue, Sulte 335 Miami, FL 33131				
		<del>-</del> 			
having custody of records in the jurisdiction un acceptable. If the certificate is in a foreign lang must be submitted)  Signature the section 605.0203, P.S., the execution of this does not owner that only following influentation submitted in a document to the D.	se, no more than 90 days old, duly authenticated by the older the law of which it is organized. (A photocopy is not mage, a translation of the certificate under oath of the translation of the certificate under oath of the translation of the translation of the translation of the authorized person ment constitutes an affirmation under the penalties of periory that the facts stated he legislational of Sauc constitutes a libral degree from as provided for in s.817.155, F.S. relinand J. Ruano	nslator			

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# 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     Lazarus Capital Developm	• •		
If unavailable, the alternate	to be used in the state of	Florida is:	
2. The name and the Florid	a street address of the re	gistered agent and office are:	
	InCorp Ser	vices, Inc.	
	(Nan	ne)	夏ヨ
17888 67th Court North		20 斤	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		出る。	
ı	Loxahatchee	33470 FL	8. 15 1/1E 1/0RID/
	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.

Diana Collins on behalf of Incorp Services, Inc.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "LABARUS CAPITAL DEVELOPMENT FUND,

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 TWENTIETH DAY OF

NOVEMBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAZARUS CAPITAL DEVELOPMENT FUND, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCE, A.D. 2013.

5309498 8300

141434712

You may varify this certificate online at corp. deleware.gov/euthvar.ehtml

Jeffrey W. Bullock, Secretary of State

DATE: 11-20-14

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