MH00000 8758

(Requestor's Name)						
(Address)						
. (Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



600264876316

DEPARTMENT OF STATE

13 PEC -8 /11:3

DEC 0 9 2014 S. YOUNG



	ACCOUNT NO.	:	12000000	195		
	REFERENCE	:	411699	4300123		
	AUTHORIZATION	:	Levello de			
	COST LIMIT	:	\$ 125.00	ena	, 	
ORDER DATE :	December 8, 2014					
ORDER TIME :	12:37 PM					
ORDER NO. :	411699-005					
CUSTOMER NO:	4300123					
NAME:	<u>FOREIGN F</u> GALAXY REALTY				SECULIARIOS -8 -1	7
XXXX QUALIFIC	CATION (TYPE: <u>L</u>	<u>L</u>)				
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILE	ING:		
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STA	AND	ING			
CONTACT PERSON	N: Courtney Will	iam	s EXT# (62935		
			EXAMINER:		•	

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. GALAXY REALTY CAPITAL, 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.")
_{2.} Delaware
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
c/o Galaxy Fund Management, LLC, 4000 Ponce de Leon Blvd., Suite 470
Coral Gables, FL 33146
(Street Address of Principal Office)
6. c/o Galaxy Fund Management, LLC, 4000 Ponce de Leon Blvd., Suité 470
Coral Gables, FL 33146
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage:is/are:
Galaxy Realty Capital Holdings, LLC, Member
c/o Galaxy Fund Management, LLC, 4000 Ponce de Leon Blvd., Suite 470
Coral Gables, FL 33146
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)
/s/ Gabrielle Flaum
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 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.)
Gabrielle Flaum

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	e of the Limited Liability Comp.	any is:		
If unavailabl	e, the alternate to be used in the	state of Florida is:		
2. The name	e and the Florida street address of	of the registered agent and office are:	్లే <u>బ</u>	
	Corporation Service Company	y	二世界 1	
		(Name)		
		(Name)		
	1201 Hays Street		in the state of	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
			海流 い	
	Tallahassee	32301		
		FL City/State/Zip		
		Only to Late 12 p		
liability comp registered ag statutes relat	pany at the place designated in the ent and agree to act in this capaing to the proper and complete poligations of my position as regis	to accept service of process for the above his certificate, I hereby accept the appoi city. I further agree to comply with the performance of my duties, and I am fami tered agent as provided for in Chapter 6	ntment as provisions of all liar with and 605, Florida	
	Corporation Service Company Courtne		Williams	
	By: (July)	Asst. Vice	President	
	Signa	ture)		
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent 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 "GALAXY REALTY CAPITAL, 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 EIGHTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALAXY REALTY CAPITAL, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2014.

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

13 DEC -8 /3 II: 36

5626670 8300

141500446

AUTHENTY CATION: 1932569

DATE: 12-08-14

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