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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 1 5 2014

COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

Tavira Securities US LLC

The enclosed "Appli Existence, and check	ication by Foreign Limited Liabilit k are submitted to register the abov	y Company for Aut	horization to n limited lial	Transact Business in Florida," Certificate of bility company to transact business in Florida
Please return all corn	respondence concerning this matte	r to the following:		
S	Steven R Karpel			
		Name of Persor	1	
Т	avira Securities	US LLC		
		Firm/Company		
1	111 Brickell Ave	enue, 11t	h Floc	or
_		Address		
	/liami, FL 33131			
		City/State and Zip C		
st	teven.karpel@ta	aviraus.co	om	
	E-mail address: (to	be used for future an	nual report no	tification)
For further informati	ion concerning this matter, please of	call:		
Steve	en R Karpel	30 at (5,9	13.4100
	Name of Contact Person	Area	Code	Daytime Telephone Number
Division of Registration P.O. Box 6	f Corporations In Section In Sect	STREET ADDREST STREET ADDREST STREET ADDREST STREET ADDREST SECOND SECON	itions inter Circle	
Enclosed is a che \$125.00	eck for the following amount: Filing Fee	ee & 🔲 \$155.0	0 Filing Fee ed Copy	& □ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

Tavira Securities US 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 Liability Company," "L.L.C." or "LLC.")	name must include "Li	mited
State of Delaware 3 26-0499593		
(Jurisdiction under the law of which foreign limited liability (FEI number, if apple company is organized)	icable)	-
October 15, 2014		_
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
1111 Brickell Avenue, 11th Floor		_
Miami, FL 33131		
(Street Address of Principal Office)		_
Same as above		
(Mailing Address)		_
	ALI SE	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is are:	es andraf
Steven R Karpel, CEO	3.5	्रं है. राजधानाध्यम
Eliot Goodfellow, Director	98.85 A.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S	E
Ellot Goodicilow, Bircoloi		
Gary Caldon, Director	1.5 1.5 1.5	
	- 36 36 4	
8. Attached is an original certificate of existence, no more than 90 days old, duly author		
having custody of records in the jurisdiction under the law of which it is organized. (A		
acceptable. If the certificate is in a foreign language, a translation of the certificate unc must be submitted)	ier oaun oi the tra	nsiator
Table 34 Submitted)		
A 13/4		
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 perjam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	ury that the facts stated he vided for in s.817.155, F.S	erein are true. S.)
Steven R Karpel		
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.

If unavailabl	le, the alternate to be used in the state of Florida is:		
2. The name	e and the Florida street address of the registered agent and office are:		
•	Steven R Karpel		
	(Name)	_	
	1111 Brickell Avenue, 11th Floor Florida Street Address (P.O. Box NOT ACCEPTABLE)	— I	
	Miami, FL 33131	14 OEC -8 SECRETAR (LLAHASS	
	City/State/Zip	-8 AM ARY OF SSEE,	; ;
liability com registered as statutes rela	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appoingent and agree to act in this capacity. I further agree to comply with the pting to the proper and complete performance of my duties, and I am family bligations of my position as registered agent as provided for in Chapter 6	e stated limited ntmentas provisions of all liar with and	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 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 "TAVIRA SECURITIES US 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 NINETEENTH DAY OF NOVEMBER, A.D. 2014.

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

14 DEC -8 AM 7:44
SECREJARY OF STATE
TALL A HASSEF, FLORIDA

4362063 8300

141406096

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1882449

DATE: 11-19-14

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