M15000001572

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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02/04/15---01012--005 **78.75

02/26/15--01018--002 **76.25

SECRETABY OF STATE
TALL AHASSEE FLORIDA

FEB 2 7 1015 T. HAMPTON

115-8709

COVER LETTER

	tegistration Section Division of Corporations
SUBJEC'	r: P1 Capital LLC Name of Limited Liability Company
The enclo Existence	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please ret	urn all correspondence concerning this matter to the following:
	CARLOS SARAUIA Name of Person
	Name of Person
	P1 CAPITAL LLC Firm/Company
	Firm/Company
	1221 Brickell Ave. Suite 916
	Miami FL 33131 City/State and Zip Code
	charlie @ p1-capital.com E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
-	CARLOS SARAULA at (917) 239 9576 Name of Contact Person Area Code Daytime Telephone Number
I ? !	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Corporations Registration Section Clifton Building Callahassee, FL 32301
	d is a check for the following amount: \$\text{\$\sum \text{\$\text{\$\text{155.00 Filing Fee & Certificate}}} \$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$



15 FEB 25 AM 10: 00

February 10, 2015

CARLOS SARAVIA 1221 BRICKELL AVE STE 916 MIAMI, FL 33131

SUBJECT: P1 CAPITAL LLC Ref. Number: W15000009709

We have received your document for P1 CAPITAL LLC and check(s) totaling \$78.75. 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 \$76.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 015A00002767

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SU	
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLO	RIDA:
(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 alternat Liability Company." "L.L.C," or "LLC.")	e name must include "Limited
2. Delaware (Jurisdiction under the law of which foreign limited liability 3. 47-215092 (FEI number, if approximately approxima	7
(Jurisdiction under the law of which foreign limited liability (FEI number, if approximately)	olicable)
4. NA	TACE TO
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1221 Brickell Ave. Suite 916	55 5
MIAMI FL 33131	E.F.S.
(Street Address of Principal Office)	PORTE OF
6. 1221 Brickell Ave. Suite 916	
MIAMI FL 33131 (Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
CARLOS SARAVIA, Managing Member, 605W 13TH ST. Apt 440	
David Collis, Managing Member, 1050 Brickell Ave. Apt	3004 MIAMI FL 3313
Renzo Silva, Chief Member, 60 SW 13TH ST. APT 4808	MIAMI FL 33130
8. Attached is an original certificate of existence, no more than 90 days old, duly auth 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 unmust be submitted)	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 per am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	jury that the facts stated herein are true. I wided for in s.817.155, F.S.)
CARLOS SARAVIA	

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.

	P1 Capital LLC		
If unavailable	the alternate to be used in the state of Florida is:		
2. The name	and the Florida street address of the registered agent and office are:		
	Voorp Services LLC (Name)		
	5011 South State Rd. 7, Ste. 106 Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Davie, FL, 33314		
	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.

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

(Signature)

Vcorp Services, LLC

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "P1 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2015.

5618925 8300

150211724

Jeffrey W. Bullock, Secretary of State **AUTHENTICATION:** 2127875

DATE: 02-18-15

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