Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

### Foreign Limited Liability Company Wheat Capital Management, LLC

Certificate of Status	0	
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Page Count	05	
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#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: WHEAT CAPITAL M	ANAGEMENT, LLC		
	Name of Limited Liability Company		
	n Limited Liability Company for Authorization to Transact Business in Florida," Co register the above referenced foreign limited liability company to transact business		
Please return all correspondence cond	cerning this matter to the following:		
MICHAEL LAPAT	Γ		
	Name of Person		
	Firm/Company		
	( The Company		
3300 UNIVERSIT	Y DRIVE SUITE 311	ls:5	
	Address	85	
CORAL SPRINGS	<u> </u>	MAR	- T
	City/State and Zip Code	8	-
Vanessap@turnkeyl		-P	FT
For further information concerning th	E-mail address: (to be used for future annual report notification)    Comparison	H 12: 20	
DANIEL TOUZIER	at (954 ) 414-8810		
Name of C	ontact 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 Taliahassee, Fl. 32301		
Enclosed is a check for the foll  □ \$125.00 Filing Fee	lowing amount: I \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Cer Certificate of Status Certified Copy of Status & Certified C		

## 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. WHEAT CAPITAL MANAGEMENT, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")	
(Cambon of Grand State of Grand Stat	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lim Liability Company," "L.L.C," or "LLC.")	ited
2. DELAWARE 3. 47-3407472	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5	
20801 BISCAYNE BLVD STE 403, AVENTURA FL 33180	· <b>\</b> 23
(Street Address of Principal Office)	=
6	 
20801 BISCAYNE BLVD STE 403, AVENTURA FL 33180	y
(Mailing Address)	· ο (
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	3
Managar	$\vec{\Sigma}$
DANIEL TOUZER	· 22
20801 Biscayne Blvd. Suite 403Aventura, Florida 33180	_
O Annal of the contract of the	ioial
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	(Cla)
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the trans	lator
must be submitted)	
Cigned was a Case outbrooking toward	
(In accordance with acction 605.0201, F.S., the execution of this document contributes an affirmation under the penalties of perjury that the facts stated here are aware that any false information submitted in a document to the Department of State constitutes at third degree felony as provided for in a \$17.155, F.S.)	in are true. I
DANIEL TOUIZER , Manager	
Typed or printed name of signec	

## 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.

	of the Limited Liabili		
If unavailable	e, the alternate to be us	used in the state of Florida is:	
2. The name	and the Florida street	address of the registered agent and office are:	
	C T Corporation Syste	stein	
		(Name)	2815 ALI
	1200 South Pine Islan	nd Road	MAR AHA
	Florida	a Street Address (P.O. Box NOT ACCEPTABLE)	R 18
	Plantation	FL 33324	- TOP 1
		City/State/Zip	12: 20 STATE ORIB:
liability comp registered ag statutes relat	pany at the place designent and agree to act in ing to the proper and c	agent and to accept service of process for the above a gnated in this certificate, I hereby accept the appoint in this capacity. I further agree to comply with the pi complete performance of my duties, and I am familia on as registered agent as provided for in Chapter 60	tment as rovisions of all ar with and
	Jordan Brown, Assista CT Corporation System By:		
		(Signature)	
		\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	

S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

# Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHEAT CAPITAL MANAGEMENT, 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 THIRTEENTH DAY OF MARCH, A.D. 2015.



AUTHENTICATION: 2196176

DATE: 03-13-15

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