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| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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2015 MAR 25 PK 4: 24 SECRETARY OF STATE

KSALY EXAMINER MAR 27 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2015

TYLER GRIFFIN 1501 BROADWAY, 28TH FL NEW YORK, NY 10036

SUBJECT: DWIGHT CAPITAL, LLC

Ref. Number: W15000012437

15 MAR 25 ATTO: 00

We have received your document for DWIGHT CAPITAL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Zevised.

Karen A Saly Regulatory Specialist II

Letter Number: 915A00003581

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Dwight Capital, LLC | | | | |
| 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: | | | | |
| Tyler Griffin | | | | |
| Name of Person | | | | |
| Dwight Capital, LLC | | | | |
| Firm/Company | | | | |
| 1501 Broadway, 28th Floor | | | | |
| Address | | | | |
| New York, NY 10036 | | | | |
| City/State and Zip Code | | | | |
| tg@dwightcap.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Tyler Griffin 347 846-0773 | | | | |
| Name of Contact Person Area Code Daytime Telephone Number | | | | |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee} \\ \$\Centrificate \text{Certified Copy} \\ \$\Centrificate \text{Certified Copy} \\ \$\Delta \text{S130.00 Filing Fee} \text{Certified Copy} \\ \$\Delta \text{S155.00 Filing Fee} \text{Certified Copy} \\ \$\Delta \text{S160.00 Filing Fee}, \text{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:

| 1. Dwight 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.} New York |
| (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) |
| 5. 1501 Broadway, 28th Floor |
| New York, NY 10036 |
| (Street Address of Principal Office) 6. 1501 Broadway, 28th Floor |
| New York, NY 10036 |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Adam Sasouness, Owner |
| Josh Sasouness, Owner |
| Tyler Griffin, COO |
| 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) 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 arm 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.) |
| Tyler Griffin |

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.

| | the Limited Liability Comp | pany is: | |
|---------------------|-------------------------------|---|-------------|
| שוgnt C | Capital, LLC | | |
| If unavailable, the | ne alternate to be used in th | e state of Florida is: | |
| 2. The name an | d the Florida street address | of the registered agent and office are: | 2015 MAR 25 |
| Adam Sasouness | | | 至是 |
| | | (Name) | - SSE |
| | 9400 4th Stree | et North, Suite 103 | THE C |
| | Florida Street Ad | dress (P.O. Box NOT ACCEPTABLE) | - 24 021 |
| | St. Petersburg | FL 33702 | ~g. |
| | | 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.

A Van Jasannen (Signature)

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

State of New York Department of State } ss:

I hereby certify, that DWIGHT CAPITAL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/23/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of January two thousand and fifteen.

Executive Deputy Secretary of State