# M15600662298

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (1.44.1.000)                            |
| (Address)                               |
| (0: 0: 0: 0: 0:                         |
| (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



700269828467

SUFFICIENCY OF FILING 10 ACKNOWLEDGE 10 ACKNOWLEDGE

PECEIVED

DEPARTMENT OF STATE

PROFESSION OF COLUMN ASSESSION

DEPARTMENT OF STATE

OF THE PROFESSION OF THE PROFESSION



J. Stylvers MAR 3 0 2015

file second that not separate pleasex

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 564129 7794635

AUTHORIZATION : (

COST LIMIT : \$ 125.00

ORDER DATE: March 25, 2015

ORDER TIME : 9:42 AM

ORDER NO. : 564129-010

CUSTOMER NO: 7794635

#### FOREIGN FILINGS

NAME: SANTANDER SECURITIES LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

TO: Registration Section Division of Corporations

Santander Securities 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:

| Ana Rivera   |
|--|
| Name of Person   |
| Santander Securities LLC   |
| Firm/Company   |
| 207 Ponce de Leon 4th Floor  |
| Address  |
| San Juan, PR 00917-1818  |
| City/State and Zip Code  |
| arivera@santandersecurities.com                                    |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Ana Rivera Name of Contact Person 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

Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status of Status & Certified Copy 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:

| Santander Securities 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,")   |          |
| <sub>2.</sub> Puerto Rico <sub>3.</sub> 66-0534068  |          |
| (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. 207 Ponce de Leon 4th Floor  |          |
| San Juan, PR 00917-1818   |          |
| (Street Address of Principal Office)  6. 207 Ponce de Leon 4th Floor  |          |
| San Juan, PR 00917-1818   |          |
| (Mailing Address)   |          |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  |          |
| Luis Roig (AUTHORIZED PERSON)   | "" ( ) k |
| 207 Ponce de Leon 4th Floor   | gaban.   |
| San Juan, PR 00917-1818   |          |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officia 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 translate                      |          |
| 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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.) | true :   |
| Luis Roig   |          |
| 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.

|  | ne of the Limited Liability C Securities LLC  | ompany is:  |  |
|--|---|---|--|
| If unavailab   | ole, the alternate to be used i   | n the state of Florida is:  |  |
| 2. The nam   | e and the Florida street add  | ress of the registered agent and  | office are:  |
|  | Corporation Service Con   | прапу   |  |
|  |   | (Name)  |  |
|  | 1201 Hays Street  |   | 15 MAR   |
|  | Florida Street Address (P.O. Box NOT ACCEPTABLE)  |   |  |
|  | Tallahassee   | 32301<br>FL   | 27 A   |
| liability com<br>registered a<br>statutes rela<br>accept the o | ppany at the place designated<br>gent and agree to act in this<br>tting to the proper and compl | City/State/Zip  and to accept service of process  in this certificate, I hereby acc  capacity. I further agree to cor  lete performance of my duties, a  registered agent as provided for | cept the appointment as nply with the provisions of all and I am familiar with and |
| Statutes.  | Corporation Service Comp  | Signature)  | Courtney Williams Asst. Vice President   |
|  | \$ 100<br>\$ 25<br>\$ 30<br>\$ 5  | 5.00 Designation of Register  | red Agent<br>al)   |



## Commonwealth of Puerto Rico DEPARTMENT OF STATE San Juan, Puerto Rico

### CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, SANTANDER SECURITIES LLC, register number 3619, a Limited Liability Company organized under the laws of Puerto Rico on July 1, 1996, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, March 26, 2015.

DAVIDIE. BERNIER RIVERA

Secretary of State

To validate this certificate go to: http://www.estado.gobierno.pr

This certificate can be validated up to 2 times before its expiration date of 24-Jun-2015.

Certificate Validation Number: 104893-30278446