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(Requestor's Name)
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K.SALY EXAMINER MAY 27 2015 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 641330, 7713346							
AUTHORIZATION Synelle Man							
COST LIMIT : 0 125.00							
ORDER DATE: May 26, 2015							
ORDER TIME : 10:01 AM							
ORDER NO. : 641330-005							
CUSTOMER NO: 7713346							
FOREIGN FILINGS							
NAME: FESROC CAPITAL MANAGEMENT, LLC							
XXXX QUALIFICATION (TYPE: <u>LL</u>)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

COVER LETTER

	gistration Section vision of Corporation	s		
SUBJECT.	Fesroc Ca	apital Manag	gement, LLC	
SUBJECT:			ted Liability Company	- APTICLED TO A THE PERSON AND A STOCK OF THE ABOUT A STOCK OF THE ABOUT A STOCK OF THE PAPER.
				ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return	n all correspondence co	oncerning this matter to th	e following:	
	Kincaid	Coburn		
)	Name of Person	
	Fesroc	Capital Man	agement, LL0	3
		ī	Firm/Company	
	7835 Ar	bor Crest W	/ay	
			Address	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	West Pa	alm Beach, l	Florida 33412) ·
		City/	State and Zip Code	
	kincaid@	gfesroc.com	า	
		E-mail address: (to be use	ed for future annual report notifi	cation)
For further in	nformation concerning	this matter, please call:		
K	incaid Cot	ourn	_{at (} 561 , 557	7-3554
	Name of	Contact Person	Area Code Da	aytime Telephone Number
Div Reg P.O	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314	Division Regist Cliftor 2661 E	ET ADDRESS: on of Corporations ration Section Building Executive Center Circle assee, FL 32301	
	is a check for the fo \$125.00 Filing Fee	llowing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified 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:

1. Fesroc Capital Management, LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.," or "L.L.C.,"
(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 Delaware 3 47-3499710
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4 N/A 量
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 7835 Arbor Crest Way
West Palm Beach, Florida 33412
6. 7835 Arbor Crest Way
West Palm Beach, Florida 33412
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Kincaid Coburn, Managing Member, 7835 Arbor Crest Way
West Palm Beach, Florida 33412
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)
Quu
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. I am 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.)

Kincaid Coburn, Managing Member

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 Comital Management, LLC	pany is:	
If unavailab	ole, the alternate to be used in the	he state of Florida is:	
2. The nam	ne and the Florida street address	s of the registered agent and office are:	
	Corporation Service Compa	iny	e
		(Name)	, P
	1201 Hays Street	### ### ### #########################	75°
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	F. 5: 16
	Tallahassee	32301 FL	ο.
		City/State/Zip	
liability com registered a statutes rela	npany at the place designated in gent and agree to act in this cap tting to the proper and complete	d to accept service of process for the above stated limite this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, Florida	

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

(Signature)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FESROC 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 TWENTY-SIXTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FESROC CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2015 MAY 26 AND: 16

5713764 8300

150757481

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 2406096

DATE: 05-26-15

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