## M1500007402

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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

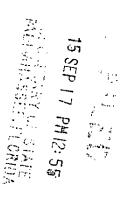
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2015

MICHAEL WARD 109 E CHURCH ST STE 425 ORLANDO, FL 32801

SUBJECT: 79 CAPITAL SECURITIES, LLC

Ref. Number: W15000058245

We have received your document for 79 CAPITAL SECURITIES, 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 certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Letter Number: 615A00018553

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section V Division of Corporations		
SUBJECT: 79 Capital 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:		
Michael Ward Name of Person		
79 Capital Securities, LLC Firm/Company		
109 East Church Street, Shite 425		
Oclando, FL 38801 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stronya Coutant at (407) 910 - 2144  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:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		

## 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. 79 Capital Securities LC (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. Delance (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. September 2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 109 East Church Street, Suite 425
Orlando, Fl S2801 (Street Address of Principal Office) 6. 109 Fast Church Street, Suite 425
Orlando, Fl 30801 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Michael Ward
Office Address: 109 E. Church Str., Ste 495
Orlando, Florida 32801
(City) (Zip code)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
109 Est Clorato File Si 10 (105
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O (WO) - 5000
9. Attached is a 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. (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
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "79 CAPITAL SECURITIES 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 NINTH DAY OF SEPTEMBER, A.D. 2015.

15 SEP 17 PHI2: 55



Authentication: 10017045

Date: 09-09-15