

11/17/2015 10:57:41 AM From:

8506176383 (1/4)

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000274190 3)))



H150002741903ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.****

Email Address: _____

FILED
2015 NOV 17 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 NOV 17 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
AmCap Bonita LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

K. SALLY
EXAMINER
NOV 18 2015

Electronic Filing Menu

Corporate Filing Menu

Help

11/17/2015 10:54:41 AM From: To: 8506176383(2/4)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AmCap Bonita 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:

Jonathan Greenfield, CFO
Name of Person

AmCap, Incorporated
Firm/Company

1281 East Main St., Ste 200
Address

Stamford CT 06902-3544
City/State and Zip Code

jgreenfield@amcap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda B. Cole at (203) 912-8049
Name of Contact 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
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. AmCap Bonita, 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. Delaware 3. _____
(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. c/o AmCap, Incorporated
1281 E. Main Str. Ste 200, Stamford, CT 06902
(Street Address of Principal Office)

6. _____
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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.

Kimberly Baggett
(Registered agent's signature) **Kimberly Baggett**
Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jonathan Greenfield, AR, 1281 E. Main Street, Suite 200, Stamford, CT 06902

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]
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.817.135, F.S.

Jonathan Greenfield
Typed or printed name of signer

FILED
2015 NOV 17 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMCAP BONITA 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMCAP BONITA LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED
2015 NOV 17 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5877930 8300

SR# 20150938612

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10429983

Date: 11-16-15