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From:

Account Name

: GREENBERG TRAURIG (ORLANDO)

Account Number

: 103731001374

Phone

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Email Address: Charris @ brevetcapital, com

Foreign Limited Liability Company Omega Sarasota Fund I, LLC

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S. YOUNG

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

, OMEGA SARASOTA	ISINESS IN THE STATE OF FLORIDA: FUND I. LLC	
i	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C."	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting business in Florida. The alternate r	sume must include "Limited
DELAWARE	· · · · · · · · · · · · · · · · · · ·	
(Jurisdiction under the law company is organized)	of which foreign limited liability (PEI number, if applicable	ie)
	NOVEMBER 12, 2014	
4	(Date first transacted business in Florida, if prior to registration.)	
5. BREVET CAPITAL	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
230 PARK AVENUE,	SUITE 1525, NY, NY 10169	
	(Street Address of Principal Office)	
6. SAME AS ABOVE		_ ≥× 5
	(Mailing Address)	一至位 香 市
7. Name and street address	is of Florida registered agent: (P.O. Box NOT acceptable)	多型 ふ 三
	Corporation Service Company	
· Name:		
Office Address:	1201 Hays Street	F
	Tallahassee Florida 32301	<u> </u>
Registered agent's accep	(City) (Zip code)	- 55 - 55
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service of process for the above stated limited lia tion, I hereby accept the appointment as registered agent and agree to act in one of all statutes relative to the proper and complete performance of my duting position as registered agent.	this capacity. I further agree
8. The name, title or caps	city and address of the person(s) who has/have authority to manage is/are:	
Strphen o'keefe, MA	MAGING DIRECTOR	
BREVET CAPITAL, 230	PARK AVENUE, SUITE 1525	
NEW YORK, NY 10169		
	of existence, no more than 90 days old, duly authenticated by the official havin of which it is organized. (If the certificate is in a foreign language, a translation abmitted) Signature of an authorized person	
This dominant is seened a	<u>-</u>	m. falan inda
	in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that a the Department of State constitutes a third degree felony as provided for in s.8. STEPHEN O'KEEFE	
	Typed or printed name of signee	

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "OMEGA SARASOTA FUND I, 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-THIRD DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMEGA SARASOTA

FUND I, LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2014

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN,

PAID TO DATE.

FILED

5630660 8300 SR# 20151036337

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

Justicey 18, Bullock, Secretary of State

Authentication: 10473191

Date: 11-23-15