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COVER LETTER

	legistration Section Division of Corporation	ous	•				
SUBJECT	First Capital Advis						
		Name of	Limited Liability	Company			
					ansact Business in Florida," C y company to transact busines		
Please retr	un all correspondence	concerning this matter to the	following:				
	Matthew A. Sv	wendiman					
		N	ame of Person				
	Graydon Head & Ritchey						
Firm/Company							
511 Walnut Street							
Address							
	Cincinnati, OH 45202						
City/State and Zip Code							
	mswendiman@j	graydon.com					
		E-mail address: (to be used	for future annual	report not	ification)		
For further	information concerning	ng this matter, please call:					
N	fatthew A. Swendimar	1	513 at (629-275	50		
	Name	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS:		STREET ADDRESS:					
Division of Corporations Registration Section		Division of Corporations Registration Section					
P.O. Box 6327		Clifton Building					
T	aliahassee, FL 32314				cutive Center Circle cc, FL 32301		
Enclosed is	s a check for the follow	ring amount:					
	l \$125.00 Filing F ≪	Ci \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate	

* **



November 4, 2015

MATTHEW A SWENDIMAN 511 WALNUT STREET CINCINNATI, OH 45202 US

SUBJECT: FIRST CAPITAL ADVISORS GROUP, LLC

Ref. Number: W15000072808

RE-SUBMIT
Please retain original filing
date of submission

We have received your document for FIRST CAPITAL ADVISORS GROUP, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 715A00023378

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. First Capital Advisors (•		
(Name of Fore	eign Limited Liability Company; must include	c "Limited Liability Company," "L.L.C.," or "	'LLC.')
(If name unavailable, enter al Liability Company," "L.L.C,	iternate name adopted for the purpose of trans	octing business in Florida. The alternate name	e must include "Limited
2. Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Flor	rida, if prior to registration.)	
Five Valley Squure 512	(See sections 605.0904 & 605.0905, F.	S. to determine penalty liability)	
5. Blue Bell, PA 19422	2 TO HISTORY AND A CO.		•
Dide Beig 1 A 19422	(Street Address of Principal	Office)	•
6. Five Valley Square 512	Township Line Rd	······································	
Blue Bell, PA 19422			
	(Mailing Address)		•
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Jeffrey K. Shoulte SCHULTE	- madesing the management	
Office Address:	1778 Hummingbird Court	······	5
	Marco Island	Florida 34145	
Designation of a second	(City)	(Zip code)	I many
	gistered agent and to accept service of p		
	tion, I hereby accept the appointment as ons of all statutes relative to the proper a		
	my position as registered agent.	any complete perjor mance of my amines,	
	THER. IIII		. B
	(Registered agen	nt's signature)	
8. The name, title or caps	acity and address of the person(s) who has	s/have authority to manage is/are:	
Matthew A. Swendiman	1 Authorized Person		
511 Walnut St			
Cincinnati, OH 45202			<u>.</u>
Q. Attached is a certificate	of existence, no more than 90 days old, d	halve guther tighted by the official basing of	nustada of moords in the
jurisdiction under the law	of which it is organized. (If the certificate	e is in a foreign language, a translation of	the certificate under oath
of the translator must be sa	ubmitted)		
•			
	Signature of an aut	•	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) the Department of State constitutes a thin	(b), Florida Statutes. I am aware that any rd degree felony as provided for in s.817.	false information 155, F.S.
	Matthew A. Swendiman		-
	Typed or printed na	me of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIRST CAPITAL ADVISORS GROUP, 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-FOURTH DAY OF NOVEMBER, A.D. 2015.

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

Authentication: 10486529

Date: 11-24-15