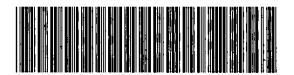
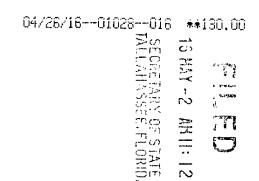
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PICK-UP WAIT MAIL								
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Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

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J. HARRIS

#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporation	ns						
SUBJE	ECT: /NTER	NATIONAL	CAPITAL Name of L	ADV/50	Company	166		
	closed "Application by Fo							
Please	return all correspondence	concerning this ma	atter to the f	ollowing:				
		MAX WIL	<i>LLIAMS</i> Nai	me of Person				
	/N;	EZNATIONA	e Cas	PITAL AT m/Company	NISORS	LLC		
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For furt	ther information concerni			101	. 24	.a. 14K1		
	Name	WILLIAM of Contact Person	<u> </u>	at ( <u>///</u> Area Code	Day	time Telephone	Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division Registrat Clifton B 2661 Exe	of Corporations ion Section Section Section Section Section Section Secutive Center Cosee, FL 32301		
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: \$130.00 Filin Certificate of Si		☐ \$155.00 Fili Certified Copy	•	□ \$160.00 Fi of Status & C	ling Fee, Certi ertified Copy	ficate



April 26, 2016

MAX WILLIAMS 11161 E STATE ROAD 70 UNIT 110 BRADENTON, FL 34202

SUBJECT: INTERNATIONAL CAPITAL ADVISORS LLC

Ref. Number: W16000030837

We have received your document for INTERNATIONAL CAPITAL ADVISORS LLC and your check(s) totaling \$130.00. 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00008621



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

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: NTERNATIONAL CAPITAL ADVISORS 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.") 3. 8/-2232495
(FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) CHEYENNE WYOMING 82001
(Street Address of Principal Office) 6. 11161 E. STATE ROAD 70 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MAX WILLIAMS Name: 11161 E. STATE ROAD TO UNIT 110 Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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 gent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MANAGER\_\_\_\_ STATE ROAD 70 HUIT 1/0 34202 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

MAX A. WILLIAMS

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.

# STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### International Capital Advisors, LLC

is a **Limited Liability Company** 

formed or qualified under the laws of Wyoming did on **March 30, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000710285**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of April, 2016 at 2:42 PM. This certificate is assigned 020044117.

Secretary of Wate

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.