M16000003583

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Someon Links) Harring,
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2017

ALEX WINKS 2506 N CLARK ST SUITE 190 CHICAGO, IL 60614

SUBJECT: PAULSON INVESTMENT MANAGEMENT COMPANY, LLC

Ref. Number: M16000003583

We have received your document for PAULSON INVESTMENT MANAGEMENT COMPANY, LLC and your check(s) totaling \$25.00. 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 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.

Dionne M Pijeaux Regulatory Specialist

100 13 M 2:30

Letter Number: 917A00018080

COVER LETTER

TO: Registration Section

CR2E055 (9/15)

Divi	sion of Corporations				
SUBJECT:	Paulson Investment Mana		=		
	Name of Foreign	Limited Liab	oility Compa	nny	
Dear Sir or 1	Madam:				
The enclosed	d application, certificate and fee(s) a	re submitted	for filing.		
Please return	all correspondence concerning this	matter to the	following:		
Alex V	Vinks				
	Name of Person		_		
Paulso	n Investment Compa	ny, LLC			
	Firm/Company		_		
2506 N	N Clark Street, Suit	e 190			
	Address				
Chicag	jo, IL 60614				
	City/State and Zip Code		-		10. m
awinks	@paulsoninvestment	com			
	dress: (to be used for future annual re		tion)		•
For further in	nformation concerning this matter, p	lease call·			-; ~)
Alex W		312	, 940-8	8327	
_	Name of Person			Telephone Number	
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301		Registrat Division P.O. Box	of Corporations 6327 see, Florida 32314	
Enclosed is a	s check for the following amount: g Fee S30 Filing Fee & Certificate of Status	S55 Filir Certifie	ng Fee & d Copy	S60 Filing Fee. Certificate of Sta	atus &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Paulson Investment Manag	Jement Company, LLC
Enter new principal office address, if applicable:	1001 SW 5th Avenue, Suite 1460
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Portland, OR 97204
Enter new mailing address, if applicable:	2506 N Clark Street, Suite 190
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Chicago, IL 60614
2. The Florida document number of this limited lia	ability company is: M16000003583
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 5/2	2/2016
SECTION II (5-9 complete only the applicable	changes)
	Paulson Investment Company, LLC st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office are	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	٠
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
ne provisions of all statutes relative to the proper ind accept the obligations of my position as regist	gistered Agent: nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I haveby confirm that the limited.

8. If the amendment c	hanges person, title or capacity in ac	ecordance with 605.0902 (1)(e), indicate that	change:
Title/ Capacity	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add -
). Attached is a certifi	icate, if required: no more than 90 c	days old, evidencing the	Remove
aforementioned am	endment(s), duly authenticated by the law of which this entity is organ	the official having custody of records in the	,
	Signature of the	ne authorized representative	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PAULSON INVESTMENT COMPANY, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2017.

Authentication: 203199010

Date: 09-11-17

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