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PRO CAP 4, LLC

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#### COVER LETTER

	Registration Section Division of Corporatio	ns			
	Pro Cap 4, LLC	Ì !			
SUBJEC		Name of	Limited Liability Compa	ny	
The enclo Existence	sed "Application by Fo, and check are submitted	reign Limited Liability Comed to register the above refer	pany for Authorization to renced foreign limited liab	Transact Business in Florida," Cert bility company to transact business in	ificate of n Florida
Please ret	urn all correspondence	concerning this matter to the	e following:		
	Marc Rubinsol	nn, CEO			
Name of Person					
	Pro Cap 4, LLC	С			4
	Firm/Company				<b>3</b>
	1000 Haddonfield Berlin Rd, Suite 203				E E
Address					二级系
	Voorhees NJ 0	8043			EFFLORIDE ANIO: 02
	<u> </u>	City/S	State and Zip Code		0.0
	joshk@procaplic				10 Bin
		E-mail address: (to be use	d for future annual report	notification)	
For further	r information concernin	g this matter, please call:			
J	osh Kroll		_at ()	-2819	
	Name o	f Contact Person	Area Code 1	Daytime Telephone Number	
D R P	IAILING ADDRESS: Division of Corporations egistration Section O. Box 6327 allahassee, FL 32314		Divisi Regist Clifto 2661	CET ADDRESS: on of Corporations tration Section n Building Executive Center Circle lassee, FL 32301	
	s a check for the follow 1 \$125.00 Filing Fee	ing amount:  \$\Boxed{\subseteq} \$130.00 \text{ Filing Fee & Certificate of Status}  \$\begin{align*}  \\ \t	☐ \$155.00 Filing Fee & Certified Copy	☼ ☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	ate

### 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: Pro Cap 4, 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.") 46-5060794 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 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) Haddonfield Berlin Rd Suite 203 Vnorhees NIT 08033 (Street Address of Principal Office) 6 1000 Haddonfield Berlin Rd, Suite 203 Voorhees, NJ 08043 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tallahassee Florida 32301 (City) 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 agent. See Attached (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 1000 Haddonfield Berlin Rd, Suite 203. Voorhees NJ 08043 Marc Rubinsohn, CEO 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 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.

Marc Rubinsohn

Typed or printed name of signee

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 05/10/2016

ENTITY NAME: Pro Cap 4, LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary

Sharon Cosse.

Paracorp Incorporated

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

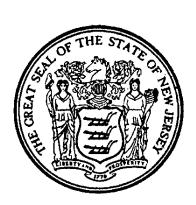
PRO CAP 4, LLC 0600408210

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 06, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARC RUBINSOHN
1000 HADDONFIELD BERLIN ROAD
SUITE 203
VOORHEES, NJ 08043



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of May, 2016

Joel March

Ford M. Scudder Acting State Treasurer

Certificate Number: 6071421578

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

TALLANASSEE, FLORIDA