## 200004

(Re	equestor's Name)						
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PICK-UP	☐ WAIT	MAIL					
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MAY 2 5 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 151868 7997382

AUTHORIZATION: Spelle man

COST LIMIT : \$ 125.00

ORDER DATE: May 23, 2016

ORDER TIME: 9:33 AM

ORDER NO. : 151868-015

CUSTOMER NO: 7997382

## FOREIGN FILINGS

NAME: HOLMWOOD CAPITAL MANAGEMENT,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE	Holmwood Capital Management, LI	LC					
		Name of Limited Liability (	Company				
			tion to Transact Business in Florida," Certificate of ted liability company to transact business in Florida				
Please r	eturn all correspondence concerning this m	natter to the following:					
	M. Dabney Shackelford						
	actionals and effectively and every entire and analysis of the entire en	Name of Person					
	Kaplan Vockler Cunningham &	Frank, PLC					
Firm/Company							
	1401 East Cary Street						
	<del></del>	Address	The state of the s				
	Richmond, VA 23219	Richmond, VA 23219					
	<del></del>	City/State and Zip Code					
	dshackelford@kv-legal.com						
	E-mail address	: (to be used for future annual	report notification)				
For furt	ner information concerning this matter, ple	ase call:					
	Dabney Shackelford	804 at (	823-4045				
	Name of Contact Person		Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclose	d is a check for the following amount:  \$\Boxed\$\$ \$125.00 Filing Fee \$\Boxed\$\$ \$130.00 Filing Certificate of \$\Delta\$\$		g Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy				

## 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:

1. Holmwood Capital Ma (Name of Fore	eign Limited Liability Company; m	rust incli	ude "Limited Lia	bility Company," "L.	L.C.," or "l.	.L.C.")	_	
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purport of "LLC.")	ose of tra	ansacting busines	s in Florida. The alte	rnate name	must include	"Limited	i
2. Delaware		1	47-3653544					
(Jurisdiction under the law company is organized)	of which foreign limited liability	J.	· <del></del>	(FEI number, if ap	plicable)			
4.								
	(Date first transacted busing (See sections 605,0904 & 60	ness in F	lorida, if prior to	registration.)				
5. 1819 Main Street, Suit	e 212, Sarasota, Florida 34236							
	(Street Address o	Princip	al Office)			$\Xi_{\mathcal{G}}$	,	
6. 1819 Main Street, Suite	212, Sarasota, Florida 34236						(0)	
						7. (5)	<u> </u>	٠,
	(Mailing	Addres	is)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		SS	2	transport.
7 Name and street address				-61-1		E C	- -	ii Marian
7. Nume and <u>street addres</u>	ss of Florida registered agent: (		ж <u>мот</u> ассері	abic)		77.	<b>A</b>	
Name:	Corporation Service Compan	<u>у</u>		-		OR!	8	
Office Address:	1201 Hays Street			_		D <sub>A</sub>	3	
	Tallahassee			, Florida 32301				
Registered agent's accep	(City)			(Zip c	code)			
Having been named as re designated in this applica- to complywith the provision	gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to the my position as registered agent	ntment e prope	as registered a	gent and agree to a	ict in this o y duties, a	capacity. I j	further niliar w	agree
	/h:	"//	/GUS	07>		Vice Pre		
	(Kegi	ricica už	ent's signature)		A331.	vice pre	sideni	
8. The name, title or capa	city and address of the person(s	i) who l	has/have author	ity to manage is/are	::			
Robert R. Kaplan, Secreta	iry							
1819 Main Street, Suite 2	12, Sarasota, Florida 34236							
				· · · · · · · · · · · · · · · · · · ·				
Attached is a certificate urisdiction under the law of the translator must be su	Tolell	certifica	, duly authentic ate is in a foreig authorized person	n language, a trans	having cu	stody of rece ne certificate	ords in t under o	he oath
	in accordance with section 605						tion	

Typed or printed name of signee

Robert R. Kaplan

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HOLMWOOD CAPITAL MANAGEMENT, 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 MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOLMWOOD CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2015.

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

Authentication: 202366980

Date: 05-23-16