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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Longboat Capital Management, LLC
SUBJ	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Heidi Benner
	Name of Person
	Longboat Capital Management, LLC
	- Firm/Company
	139 Freeport Road
	Address
	Pittsburgh, PA 15215
	City/State and Zip Code
	hbenner@longboatenterprises.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Heidi Benner 412 745-5505
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	ed is a check for the following amount: \$\Boxed{1} \\$125.00 \text{ Filing Fee} \\ \$\Certificate \text{ Certificate of Status} \\ \$\Certificate \text{ Certified Copy} \\ \$\Times \text{ 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:

Longboat Capital Mana (Name of Fore	eign Limited Liability Company; must include "Limited	Liability Company," "L.	L.C.," or	"LLC.")	
Liability Company," "L.L.C,"		siness in Florida. The alte	rnate nam	e must i	nclude "Limited
Commonwealth of Penn	sylvania 3. 25-18662	30			
company is organized)	of which foreign limited liability	(FEI number, if ap	plicable)		
·	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to deter	or to registration.) mine penalty liability)		-	
5				-	
900 Cocoanut Avenue	Sarasota, FL 34131 (Street Address of Principal Office)	o	En just	Emple	n
139 Freeport Road	,		76 A	- U	Same agent
Pittsburgh, PA 15215					\Box
	(Mailing Address)		E.N.	- ס	D
. Name and street addres	s of Florida registered agent: (P.O. Box NOT acc	ceptable)	TATE ORIO	#: 3 8	
Name:	Bruce Weiner			٠	
Office Address:	1300 Ben Franklin Dr. #501				
	Sarasota	, Florida 34236 (Zip o		_	
legistered agent's accept	(City)	(Zip o	code)		
lesignated in this applicat o complywith the provisio	gistered agent and to accept service of process fo tion, I hereby accept the appointment as registere ons of all statutes relative to the proper and comp ny position as registered agent	ed agent and agree to a	ict in thi	s capac	ity. I further agre
	(Registered agent's signatu	ıre)		•	
3. The name, title or capa	city and address of the person(s) who has/have au	thority to manage is/arc	::		
	139 Freeport Road, Pittsburgh, PA 15215	,			
					_
. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly auther of which it is organized. (If the certificate is in a followitted)	enticated by the official oreign language, a trans	having of	custody the cert	of records in the ificate under oath

Typed or printed name of signee

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.

Heidi Benner

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/07/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LONGBOAT CAPITAL MANAGEMENT, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COLUMN TO TH

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160607131335-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx