To: Page 2 of 5	2016-07-22 15.41:48 EDT	13058101625 From: Maria Lopez Martinez
Division of Corporations	All all a legarith at the Second Division Conoration at the second	3
Note: Please pr	int this page and use it as a cover sheet. Type the fax a below) on the top and bottom of all pages of the docum	
	(((H160001769633)))	
	H160001769633ABC6	
Note: DO NOT	hit the REFRESH/RELOAD button on your browser fr so will generate another cover sheet.	rom this page. Doing
To: From:	Division of Corporations Fax Number : (850)617-6383 Account Name : HUNTON & WILLIAMS Account Number : I20000000236 Phone : (305)810-2542 Fax Number : (305)810-2460	
annual	email address for this business entity to be u report mailings. Enter only one email address Address: mlopczmattincz@hunton.com	used for future please.**
ZOI6 JUL 22 PM 3: 45 2016 JUL 22 PM 3: 45 3. Contractions DALLARESSENT LONDA	Foreign Limited Liability Company ENDURANCE CAPITAL LLCCertificate of Status0Certified Copy1Page Count03Estimated Charge\$155.00	FILED 16 JUL 22 AN II: IL SECRETARY OF STATE MULANASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

.

1.0

2016-07-22 15:41.48 EDT

13058101625 From: Maria Lopez Martinez

(((H1600017696	((3 3))
----------------	---------

COVER LETTER

TO: Registration Section Division of Corporations

ENDURANCE CAPITAL LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

MARIA LAURA LOPEZ		
Name of Person		
HUNTON & WILLIAMS LLP		
Firm/Company		
1111 BRICKELL AVE, SUITE 2500	ಕ್ರ	
Address	JUL	 1
MIAMI, FLORIDA 33131	N N	
City/State and Zip Code	\sim	ני ז
MLOPEZMARTINEZ@HUNTON.COM		\Box
E-mail address: (to be used for future annual report notification)	•••	
For further information concerning this matter, please call:	-1	

MARIA LAURA LOPEZ 305 536 - 2705 at Name of Contact Person Area Code Daytime Telephone Number STREET ADDRESS: MAILINC ADDRESS: **Division of Corporations Division of Corporations** Registration Section Registration Section P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & ■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

• • •		
Page 4 of 5	2016-07-22 15 41:48 EDT	13058101625 From: Maria Lopez Ma
		(((H16000176963 3)))
APPLICATION BY F	OREIGN LIMITED LIABILITY COMPANY FOR AUTHON IN FLORIDA	
IN COMPLIANCE WITH SE COMPANY TO TRANSACT B	CTION 603,0903, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTEL SUSINESS IN THE STATE OF FLORIDA:) TO REGISTER A FOREIGN LIMITED LIABILITY
L. ENDURANCE CAPI		
(Name of For EC - Florida LLC	reign Limited Liability Company; must include "Limited Liability Company;	any," "L.L.C.," or "LLC.")
	alternate name adopted for the purpose of transacting business in Florida.	19
Liability Company," "L.L.C	," or "LLC.")	The alternate name most include transloo
2. Virginia	3	
company is organized)	of which foreign limited liability (FEI nur	ber, il applicable)
4. <u>N/A</u>		
	(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty list) jility)
5 608 EUROPE LAKE	RD, PO BOX 137, ELLISON BAY WI 54210	
<u></u>	(Street Address of Principal Office)	
- 608 EUROPE LAKE F	RD, PO BOX 137, ELLISON BAY WI 54210	
6		
	(Mailing Address)	He D
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	戸 辺 峯 〇
Name:	Robert S. Rausch	
Office Address:	c/o Hunton & Williams LLP	
	1111 Brickell Avenue, Suite 2500 Miami , Florida	33131
Registered agent's accept	· (C(t))	(Zip code)
Having been named as re designated in this applica- to complywith the provisio	gistered agent and to accept service of process for the above stat tion, I hereby accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete performan my position as registered agent. (Registered agent's signature)	ree to act in this capacity. I further agree
8. The name, title or capa	city and address of the person(s) who has/have authority to manag	ze is/are
	· · · · ·	
Peter J. Szymanczyk, Man	ager, 608 Europe Lake Rd, PO Box 137, Ellison Bay WI 54210.	
	nager, 608 Europe Lake Rd, PO Box 137, Ellison Bay WI 54210. nager, 608 Europe Lake Rd, PO Box 137, Ellison Bay WI 54210.	

-- -- --

:

To: Page 5 of 5

13058101625 From: Maria Lopez Martinez

(((H16000176963 3)))

Commonwealth of Hirginia



CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Endurance Capital LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 14, 2006; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the d set forth below.

Nothing more is hereby certified.

of the d	ate ate	
AIN AIN	JUL	
SSEE,	22	
	AH	\Box
SH.	4	



Signed and Sealed at Richmond on this Date: July 21, 2016

k of the Commission

CISECOM Document Control Number: 1607215329

(((H16000176963 3)))