

M16000009130

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(Business Entity Name)

(Document Number)

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Y SUMMER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2016

MAY-WONG CHOU, ESQ  
780 FIFTH AVE SOUTH STE 200  
NAOLES, FL 34102

SUBJECT: BUSINESS PORTFOLIO HOLDING COMPANY, LLC  
Ref. Number: W16000074713

We have received your document for BUSINESS PORTFOLIO HOLDING COMPANY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 916A00023729

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BUSINESS PORTFOLIO HOLDING COMPANY, LLC  
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:

MAY-WONG CHOU, ESQ.  
Name of Person

MAY-WONG CHOU, P.A.  
Firm/Company

780FIFTH AVENUE SOUTH, SUITE 200  
Address

NAPLES, FL 34102  
City/State and Zip Code

info@maywongchou.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAY-WONG CHOU, ESQ.      239      961-8454  
Name of Contact Person      Area Code      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

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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. **BUSINESS PORTFOLIO HOLDING COMPANY, 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.")

2. **WYOMING**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **APPLIED FOR**

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **60 EAST SIMPSON AVE.**

**JACKSON, WY 83001**

(Street Address of Principal Office)

6. **780 FIFTH AVENUE SOUTH, SUITE 200**

**NAPLES, FL 34102**

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

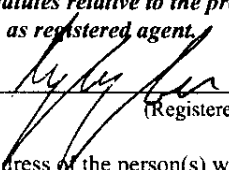
Name: **MAY-WONG CHOU, ESQ.**

Office Address: **780 FIFTH AVENUE SOUTH, SUITE 200**

**NAPLES**, Florida **34102**  
(City) (Zip code)

**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 comply with 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.*

  
(Registered agent's signature)

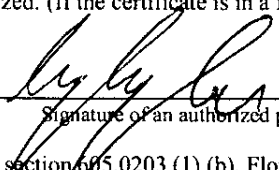
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**FABRIZIO PUCCI, MEMBER**

**780 FIFTH AVENUE SOUTH, SUITE 200**

**NAPLES, FL 34102**

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.

**MAY-WONG CHOU**

Typed or printed name of signee

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16 NOV 14 PM 12:17  
TALLAHASSEE, FLORIDA

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

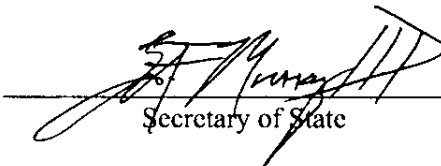
**Business Portfolio Holding Company, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 24, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000730448**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of October, 2016 at 5:31 PM. This certificate is assigned 021350218.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.