# MIC00010138

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
· (Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	<del>f</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	<del>)</del>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



300292857613

12/16/16--01009--026 \*\*130.00

SEGGLIGHT STATE
STATE
ALL PAULASSES, FLORDA

T WASHINGTON DEC 1 9 2016 December 15, 2016

#### Via FedEx

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Authority to do Business

To whom it may concern:

#### Attached is:

- 1. One original application for authorization to transact business in Florida;
- 2. Good Standing Certificate from New York; and
- 3. A check for \$130.

It is important that we be registered by the end of the year. If you need anything else from me, please do not hesitate to contact me.

Regards,

David Fleming,

Managing Member, General Counsel

#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	NEW AMSTERDAM ASSET MANAGEMENT, LLC
SUBJ.	Name of Limited Liability Company
The er Existe	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:
	DAVID FLEMING
	Name of Person
	Firm/Company
	526 CLUB DRIVE
	Address
	PALM BEACH GARDENS, FL 33418
	City/State and Zip Code
	david.fleming@newam-am.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	DAVID FLEMING 917 365-6711 at ( )
	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
Enclo	sed is a check for the following amount:  \$\Boxed{1} \\$125.00 \text{ Filing Fee} \Boxed{1} \\$130.00 \text{ Filing Fee} \Boxed{2} \Boxed{1} \\$155.00 \text{ Filing Fee} \Boxed{2} \Boxed{1} \\$160.00 \text{ Filing Fee, Certificate} \text{ 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:

If name unavailable, enter a	lternate name adopted for the purpose of transacting business in Florida. The alter	rnate name must include "Limited
Liability Company," "L.L.C,		
NEW YORK	3. 45-5270224 (FEI number, if ap	anlicable)
company is organized)	(i of thanbot, it ap	phodoloy
·	(Date first transported business in Florida if prior to registration)	····
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
605 PRINCE STREET	<u>r</u>	
BEAUFORT, SC 2990	02	
<u> </u>	(Street Address of Principal Office)	······································
. 605 PRINCE STREET	•	<b>5</b>
BEAUFORT, SC 2990	02	
	(Mailing Address)	—— Sa C T
. Name and street addres	ss of Florida registered agent: (P.O. Box NOT acceptable)	6 <b>6</b> F
	DAVID FLEMING	
Name:	4	2: 3 ORE 3
Office Address:	526 CLUB DRIVE	35 m 2
	PALM BEACH GARDENS , Florida 33418	· <del></del> -
legistered agent's accep	(City) (Zip c	code)
iaving been named as re		ieu naomny company ai ine piac
esignated in this applica complywith the provisi	ition, I hereby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature)	ect in this capacity. I further ag
esignated in this applica complywith the provisi ccept the obligations of i	ntion, I hereby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete performance of my position as registered agent.	nct in this capacity. I further ag ny duties, and I am familiar with
esignated in this applicate complywith the provision comply with the provision of the obligations of the complete comple	ation, I hereby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature)	nct in this capacity. I further ag ny duties, and I am familiar with
esignated in this applicate complywith the provision complywith the provision of the obligations of the complete complet	acity and address of the person(s) who has/have authority to manage is/are	nct in this capacity. I further ag ny duties, and I am familiar with
o complywith the provision of the obligations of th	acity and address of the person(s) who has/have authority to manage is/are  MANAGING PARTNER	nct in this capacity. I further a ny duties, and I am familiar wit
lesignated in this applicate of complywith the provision comply with the provision coupt the obligations of the complete of th	acity and address of the person(s) who has/have authority to manage is/are  MANAGING PARTNER  NAGING PARTNER, GENERAL COUNSEL  cof existence, no more than 90 days old, duly authenticated by the official	having custody of records in th
lesignated in this applicate of complywith the provision accept the obligations of the second	acity and address of the person(s) who has/have authority to manage is/are.  MANAGING PARTNER  NAGING PARTNER, GENERAL COUNSEL  c of existence, no more than 90 days old, duly authenticated by the official of which it is organized. (If the certificate is in a foreign language, a trans	having custody of records in th
lesignated in this applicate of complywith the provision of the obligations of the complyment of the complete	acity and address of the person(s) who has/have authority to manage is/are.  MANAGING PARTNER  NAGING PARTNER, GENERAL COUNSEL  c of existence, no more than 90 days old, duly authenticated by the official of which it is organized. (If the certificate is in a foreign language, a trans	nct in this capacity. I further a sy duties, and I am familiar with the system of the
lesignated in this applicate of complywith the provision accept the obligations of the second	acity and address of the person(s) who has/have authority to manage is/are, MANAGING PARTNER  NAGING PARTNER, GENERAL COUNSEL  e of existence, no more than 90 days old, duly authenticated by the official of which it is organized. (If the certificate is in a foreign language, a translubmitted)	having custody of records in the lation of the certificate under oa

DAVID FLEMING

## State of New York Department of State } ss

I hereby certify, that STBM HOLDINGS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/08/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment STBM HOLDINGS LLC, changing its name to RENA CAPITAL PARTNERS, LLC, was filed 01/24/2013.

A Certificate of Amendment RENA CAPITAL PARTNERS, LLC, changing its name to NEW AMSTERDAM ASSET MANAGEMENT, LLC, was filed 12/12/2014.



Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of December two thousand and sixteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

16 DEC 16 PH 2: 3:

201612140349 \* 07