(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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MAY 1 6 2017

Y SULKE ?

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 635107 7982721

AUTHORIZATION : STREET

COST LIMIT : \$ 125.00

ORDER DATE : May 10, 2017

ORDER TIME : 12:04 PM

ORDER NO. : 635107-020

CUSTOMER NO: 7982721

## FOREIGN FILINGS

NAME: ARQUEIRO ADVISORS, 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:

## 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:

	name adopted for the purpose of transacting business is	p Florida. The alternate mane must include "Limited	Liability Correspy " "L.I.C." or "L.I.C.")
2 Delaware		3 82-0753529	many company, seed, or easy,
	bich foreign limited liability company is organized)		umber, if applicable)
4.			
	(Date first transacted business in Florida, if pric (See sections 603.0904 & 605.0905, F.S. to det	π to registration.) termine penalty hability)	<del> </del>
5. 1221 Brickell Avenu	ıe	6. 1221 Brickell Avenue	
(Street Address of ) Suite 2660	Pracipal Office)	(Mailing /	Address)
Miami, FL 33131		Miami, FL 33131	
7. Name and street address Name:	ss of Florida registered agent: (P.O. E Corporation Service Company	Box NOT acceptable)	
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
designated in this applica	gg		
to comply with the provisi and accept the obligation:  8. The name, title or caps	ions of all statutes relative to the property of my position as registered agent.  (Registered agent)  (Registered agent)	of as registered agent and agree to a per and complete performance of mand agree to a mand agr	Melissa Zender  Asst. Vice President
to comply with the provisionand accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>	ions of all statutes relative to the property of my position as registered agent.  (Registered for active and address of the person(s) who Name and Address:	of as registered agent and agree to a per and complete performance of manage is signature)  has/have authority to manage is/are  Title or Capacity:	et in this capacity. I further agreely duties, and I am familiar with Melissa Zender Asst. Vice President  Name and Addressia
to comply with the provisi and accept the obligation:  8. The name, title or caps	ions of all statutes relative to the property of my position as registered agent.  (Registered agent)	of as registered agent and agree to a per and complete performance of mand agree to a mand agr	et in this capacity. I further agreely duties, and I am familiar with Melissa Zender Asst. Vice President  Name and Address.  Thomas Staz
to comply with the provisionand accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>	ions of all statutes relative to the property of my position as registered agent.  (Registered for active and address of the person(s) who Name and Address:	of as registered agent and agree to a per and complete performance of manage is signature)  has/have authority to manage is/are  Title or Capacity:	et in this capacity. I further agreely duties, and I am familiar with Melissa Zender Asst. Vice President  Name and Addressia
to comply with the provisionand accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent.  (Registered agent.)	of as registered agent and agree to a per and complete performance of manage is signature)  has/have authority to manage is/are  Title or Capacity:	et in this capacity. I further agreely duties, and I am familiar with Melissa Zender Asst. Vice President  Name and Address Thomas Staz  121 Breast Awina, Suite 2550
to comply with the provisionand accept the obligation.  8. The name, title or capa Title or Capacity:  Manager	ions of all statutes relative to the property of my position as registered agent.  (Registered agent.  (Re	of as registered agent and agree to a per and complete performance of manage is signature)  has/have authority to manage is/are  Title or Capacity:	net in this capacity. I further agree by duties, and I am familiar with  Melissa Zender  Asst. Vice President  Name and Addressi  Thomas Staz  1221 Britial Puring, Suns 2550  Marris, Florida 22131
to comply with the provisionand accept the obligation.  8. The name, title or capa Title or Capacity:  Manager	ions of all statutes relative to the property of my position as registered agent.  (Registered agent.  (Re	of as registered agent and agree to a per and complete performance of manage is signature)  has/have authority to manage is/are  Title or Capacity:	et in this capacity. I further agreely duties, and I am familiar with Melissa Zender Asst. Vice President  Name and Addresse  Thomas Staz  1221 Brehat America, Suite 2550  Marrie, Florida 33131

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARQUEIRO ADVISORS, 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 FIFTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARQUEIRO ADVISORS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2015.

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

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SR# 20173498745

Authentication: 202538459

Date: 05-15-17