

MI7000004687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

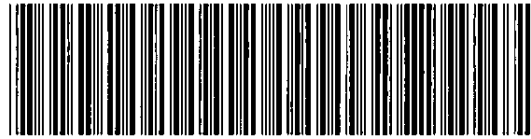
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/30/17--01009--007 **155.00

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2017 MAY 30 P 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 MAY 30 AM 11:00

D. BRUCE
JUN 02 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2017

FLORIDA RESEARCH & FILIGN SERVICES, INC.

SUBJECT: ATHENA CAPITAL, LLC
Ref. Number: W17000045626

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2017 JUN - 1 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ATHENA CAPITAL, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

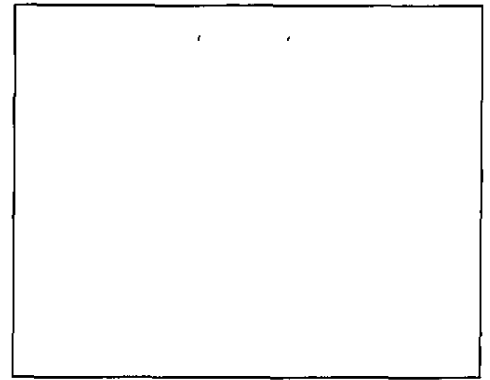
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00010823

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
* RE-SUBMITTING
W/ CORRECTIONS
PLEASE RETAIN
ORIGINAL SUBMISSION
DATE 5/30/17

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

ATHENA CAPITAL, LLC

CH# 0989 FOR \$155.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

— STAMPED COPY

— CERTIFICATE OF STATUS

FILED
2017 MAY 30 P 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Athena Capital, 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:

Oscar I. Alfonso

Name of Person

Oscar I. Alfonso & Associates, P.A.

Firm/Company

1000 Brickell Ave., Ste. 410

Address

Miami, FL 33131

City/State and Zip Code

oscar@oialaw.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY 30 P 3:11

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For further information concerning this matter, please call:

Oscar I. Alfonso

Name of Contact Person

at (305)

Area Code

376-0700

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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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. Athena Capital, 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. South Dakota 3. Applied For
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 200 N. Phillips Ave. 6. 200 N. Phillips Ave.
(Street Address of Principal Office) (Mailing Address)
Ste. 301
Sioux Falls, SD 57104

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

Name: Oscar I. Alfonso & Associates, P.A.
Office Address: 1000 Brickell Ave., Ste. 410
Miami, Florida 33131
(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.

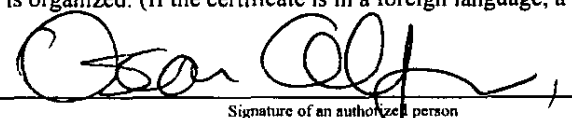

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Titan Management, LLC</u> <u>200 N. Phillips Ave., Ste. 301</u> <u>Sioux Falls, SD 57104</u>		

(Use attachments if necessary)

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)

 , LPOA
Signature of an authorized person

10. 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.

Oscar I. Alfonso
Typed or printed name of signer

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2017 MAY 30 P 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that

Athena Capital, LLC

Business ID: DL133123

was authorized to transact business in this state on: May 4, 2017.

I, further certify that **Athena Capital, LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, June 1, 2017.

Shantel Krebs

Shantel Krebs
Secretary of State

06/01/2017 12:24 PM

Verification #: 009600214