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SECRETARY OF STATE
ALLAMASSEE, FLORIDA

2017 JUL -S FA H 52

D. SCOTT JUL 6 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 710534 4813885

AUTHORIZATION

COST LIMIT : \$ 155.00

ORDER DATE: July 5, 2017

ORDER TIME : 1:22 PM

ORDER NO. : 710534-005

CUSTOMER NO: 4813885

FOREIGN FILINGS

NAME: FEIGENBAUM CAPITAL ADVISORS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

FILEU

SECRETARY OF STATE
TAIL LAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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. Feigenbaum Capital Advisors, LLC							
	(Name of Foreign	Limited Liability Company; must include "Lin	nited Liabilit	y Company," "L.L.C.," or "LLC.")			
(lf	name unavailable, enter alternate na	ame adopted for the purpose of transacting business in	Florida. The a	Iternate name must include "Limited Liab	ulity Company," "L.L.C," or "LLC.")		
2		elaware	. 3.		er, if applicable)		
	(Jurisdiction under the law of wh	nich foreign limited liability company is organized)		(FEI numbe	er, if applicable)		
4.			gistration				
		(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to det	or to registration termine penalty	i.) liability)			
5.	18851 NE 29th Street, Suite 500		6.	18851 NE 29th Street, Suite 500 (Mailing Address)			
	(Street Address of Principal Office) Aventura, FL 33180			(Maining Address) Aventura, FL 33180			
	7,40,1,414,112,01,00						
7.	Name and street addres	ss of Florida registered agent: (P.O. E	Box <u>NOT</u>	acceptable)			
	Name:	Daniel Feigenbaum					
	Office Address:	18851 NE 29th Street, Suite 500)	••			
		Aventura		, Florida 33180			
_	egistered agent's accep	(City)		(Zip code	:)		
	a accept the conganone	s of my position as registered agent. (Registered age	Ind -				
8	. The name, title or capa Title or Capacity:	acity and address of the person(s) who Name and Address:		authority to manage is/are: itle or Capacity:	Name and Address:		
	Member	Daniel Feigenbaum					
		18851 NE 29th Street, Suite	500				
		Aventura, FL 33180	<u>_</u>		SECT SECT		
	Use attachments if neces	• •			SSEE -5		
Jи	Attached is a certificate risdiction under the law the translator must be so	of existence, no more than 90 days o of which it is organized. (If the certifub ubmitted)	old, duly au icate is in a	thenticated by the official ha a foreign language, a translati	ving custody of records in the ion of the certificate ander oath		
		outed in accordance with section 605.0 the Department of State constitutes a					
		Sign	ature of an auth	orized person			
		Daniel	Feigenba	um, M ember			
	Typed or printed name of signee						

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FEIGENBAUM CAPITAL 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 FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEIGENBAUM"

CAPITAL ADVISORS, LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D.

2017.

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

6409243 8300 SR# 20175081863 Authentication: 202826413
Date: 07-05-17

You may verify this certificate online at corp.delaware.gov/authver.shtml