M17000	007559
(Requestor's Name)	

(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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Office Use Only

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FILED 17 SEP -1 AM 9: 39 SECRETARY OF STATE ALLAHASSEE, FLORIDA

: . .

S. WARREN

SEP 0 5 2017

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.Incserv.com e-mail: info@incserv.com

incserv

ORDER FORM

FROM

TO Florida Department of State Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> corphelp@dos.myflorida.com 850-245-6051

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 9/1/2017

PRIORITY Routine

OUR REF # (Order ID#) 596888

ORDER ENTITY

CALYPSO INVESTMENT MANAGEMENT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CALYPSO INVESTMENT MANAGEMENT, LLC _(FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 12005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Actise

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

IN COMPLIANCE WITH SECTION 6050602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Calypso Investment Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware		3.			
(Jurisdaction under the law of w	high foreign limited liability company is organized)		(FFI number, 6 ap	plicable	
	(Date first transacted business in Florida, if prior to) (See sections 605/0904 & 605/0905, F.S. to determine	registration (ne penalty lubility)	···· · · · · · · · · · · · · · · · · ·		
3315 Collins Avenue.		_{6,} 3315 (allins Avenue, Unit \$C		
(Street Address of F Miami Beach, FL 3314	•		(Mailing Address)		
		Mami	Beach, FL 33140		
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptal	blei		SEP .
Name:	Casey Gard			SS:	
Office Address:	3315 Collins Avenue, Unit 5C	····		EE F	AM
	Miami Beach		. Florida <u>33140</u>	57	ي
egistered agent's accep	(City)		(Zip code)	ROFE	39

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.

	/s/Cas	sey Gard	
	(Registered spents	signatures	
The name, title or capacity	and address of the person(s) who h	as-have authority to manage is/a	ue:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Casey Gard		
	3315 Collins Ave., Unit 5(Miami Beach, FL 33140		
Member	Melissa Gard		
	3315 Collins Ave., Unit 5C Miami Beach, FL 33140		

(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)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 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.

	LA	
	 Signature of an authenzed person	
Casey Gard	 	

Typed or punted name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALYPSO INVESTMENT MANAGEMENT, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALYPSO INVESTMENT MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2002.

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



Authentication: 203153110 Date: 08-31-17

Page 1

3595509 8300 SR# 20175979481

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