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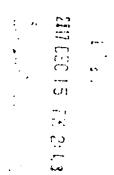
| (Re                     | equestor's Name)   |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
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| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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J. HARRIS

### COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT:          | FOCUS Investment  | Banking LLC  |                                    |  |  |   |
|-------------------|---|--|------------------------------------|--|--|---|
| 301301.011        |   | Name of  | Limited Liability (                | Company  |  | - |
|                   |   | reign Limited Liability Comp<br>ed to register the above refer |                                    |  |  |   |
| Please return     | all correspondence  | concerning this matter to the                                  | following:                         |  |  |   |
|                   | Sean Driscoll,  | Project Assistant  |                                    |  |  |   |
|                   |   | N  | ame of Person                      | <del></del>                                    |  | - |
|                   | Nelson Mullin   | s Riley & Scarborough LLP                                      |                                    |  |  |   |
|                   |   | Fi   | rm/Company                         |  |  | - |
|                   | 201 17th Street   | NW, Suite 1700   |                                    |  |  |   |
|                   |   |  | Address                            |  |  | • |
|                   | Atlanta, GA, 3  | 0363   |                                    |  |  |   |
|                   |   | City/S   | tate and Zip Code                  |  |  | - |
|                   | katelyn.frederick   | s@nclsonmullins.com  |                                    |  |  |   |
|                   |   | E-mail address: (to be used                                    | d for future annual                | report not                                     | ification)   | - |
| For further in    | iformation concernin  | g this matter, please call:                                    |                                    |  |  |   |
| Sea               | n Driscoll, Project A   | ssistant   | 404<br>at (                        | 322-61   | 78   |   |
| <del></del>       | Name (  | of Contact Person  | Area Code                          | Day  | time Telephone Number  | - |
| Div<br>Reg<br>P.O | ILING ADDRESS:<br>ision of Corporations<br>istration Section<br>. Box 6327<br>ahassee, FL 32314 |  |                                    | Division<br>Registrat<br>Clifton B<br>2661 Exc | of Corporations ion Section uilding secutive Center Circle see, FL 32301 |   |
|                   | check for the follow<br>125.00 Filing Fee   | ring amount: ■ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Filir<br>Certified Copy | ig Fee &                                       | ☐ \$160.00 Filing Fee, C<br>of Status & Certified Co                     |   |



### FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

# DREW J. BREAKSPEAR COMMISSIONER

December 4, 2017

Mr. Sean Driscoll 201 17<sup>th</sup> Street NW Suite 1700 Atlanta, GA 30363

Re: FOCUS Investment Banking, LLC

Dear Mr. Driscoll:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (FOCUS Investment Banking, LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Jeremy W. Smith

Director

Division of Financial Institutions

JMG/dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

# · 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If                                     | name unavailable, enter alternate n   | same adopted for the purpose of transacting busin  | ness in Florida. The alternate name must include "Limited Liability Co-  | matrix ""I f C Tar "F I C ")  |
|---|---|--|--|---|
|   | Georgia   |  |  | improved the property   |
| ۷٠,                                     |   | hich foreign limited liability company is organize   | od) (FEI number, if agr  | Nicable)  |
| .1                                      | Upon Qualification  |  |  | ··  |
| '•                                      |   | (Date first transacted business in Florida,<br>(See sections 605 0904 & 605,0905, F.S.   | if prior to registration.) to determine penalty liability)   |   |
| 5.                                      | 3353 Peachtree Road,  |  | 6 3353 Peachtree Road, NE  | • · · · · · · · · · · · · · · · · · · ·                             |
|   | (Street Address of I<br>Suite 1160  | Principal Office)  | (Mailing Address)  |   |
|   | Atlanta, GA 30326   | <u>.</u>   | Suite 1160   |   |
|   | Atlanta, GA 30326   |  | Atlanta, GA 30326  |   |
| 7                                       | Name and street address   | e efficial and a constant  | O. D NOT.  | - \<br>N  |
| 1.                                      | Name and <u>street addres</u>   | ss of Florida registered agent: (P.  | O. Box NOT acceptable)   |   |
|   | Name:   | NRAI Services, Inc.  |  | Se  |
|   | Office Address:   | 1200 South Pine Island Road  |  |   |
|   |   | Plantation   | , Florida <sup>33324</sup>   |   |
|   | gistered agent's accep  | (Cuy)  | (Zip code)   |   |
| an                                      | d accept the obligations  | s of my position as registered age   | proper and complete performance of my duties, int.  Patricia A. Boverie, Asst. Secretary   | and I am familiar with  |
|   |   | s of my position as registered age    Compared   Compar | patricia A. Boverie, Asst. Secretary   | and I am familiar with  |
|   |   | s of my position as registered age    Compared   Compar | who has/have authority to manage is/are:   | and I am familiar with  ac and Address:                             |
|   | The name, title or capa   | (Registered and address of the person(s)  Name and Address:  Focus, LLC  | who has/have authority to manage is/are:  Title or Capacity:  Nan  | ·   |
|   | The name, title or capa Title or Capacity:  | (Registered and address of the person(s)  Name and Address:  | who has/have authority to manage is/are:  Title or Capacity:  Nan  | ·   |
|   | The name, title or capa Title or Capacity:  | (Registered age (Registered age (Registered and address of the person(s) Name and Address:  Focus, LLC  3353 Peachtree Road N  | who has/have authority to manage is/are:  Title or Capacity:  Nan  | ·   |
| 8.                                      | The name, title or capa Title or Capacity:  | rof my position as registered age (Registered age) (Regis | who has/have authority to manage is/are:  Title or Capacity:  Nan  | ·   |
| 8.<br>(U<br>9. <i>t</i><br>juri<br>of t | The name, title or capa Title or Capacity: Sole Member  See attachments if necess Attached is a certificate is diction under the law che translator must be su. This document is execution. | registered age (Registered age | who has/have authority to manage is/are:  Title or Capacity:  Sold, duly authenticated by the official having curificate is in a foreign language, a translation of the solution of the soluti | ne and Address:  ustody of records in the he certificate under oath |
| 8.<br>(U<br>9. <i>t</i><br>juri<br>of t | The name, title or capa Title or Capacity: Sole Member  See attachments if necess Attached is a certificate is diction under the law che translator must be su. This document is execution. | registered age (Registered age | who has/have authority to manage is/are:  Title or Capacity:  Set #1160  To old, duly authenticated by the official having contificate is in a foreign language, a translation of the capacity is signature.   | ne and Address:  ustody of records in the he certificate under oath |
| 8.<br>(U<br>9. <i>t</i><br>juri<br>of t | The name, title or capa Title or Capacity: Sole Member  See attachments if necess Attached is a certificate is diction under the law che translator must be su. This document is execution. | reity and address of the person(s)  Name and Address:  Focus, LLC  3353 Peachtree Road N  Atlanta, GA 30326  Sary)  of existence, no more than 90 day of which it is organized. (If the cerb bmitted)  and the Department of State constituted.  | who has/have authority to manage is/are:  Title or Capacity:  Sold, duly authenticated by the official having curificate is in a foreign language, a translation of the solution of the soluti | ne and Address:  ustody of records in the he certificate under oath |
| 8.<br>(U<br>9. <i>t</i><br>juri<br>of t | The name, title or capa Title or Capacity: Sole Member  See attachments if necess Attached is a certificate is diction under the law che translator must be su. This document is execution. | reity and address of the person(s)  Name and Address:  Focus, LLC  3353 Peachtree Road N Atlanta, GA 30326  Sarry)  of existence, no more than 90 day of which it is organized. (If the cerbmitted)  and the Department of State constituted of the Departme | who has/have authority to manage is/are:  Title or Capacity:  Set #1160  To sold, duly authenticated by the official having curtificate is in a foreign language, a translation of the state of the stat | ne and Address:  ustody of records in the he certificate under oath |
| 8.<br>(U<br>9. <i>t</i><br>juri<br>of t | The name, title or capa Title or Capacity: Sole Member  See attachments if necess Attached is a certificate is diction under the law che translator must be su. This document is execution. | (Registered age (Registered age (Registered age (Registered age (Registered age and Address:  Focus, LLC  3353 Peachtree Road No Atlanta, GA 30326  Sary)  of existence, no more than 90 day of which it is organized. (If the cerebility of the Department of State constituted age of the | who has/have authority to manage is/are:  Title or Capacity:  Set #1160  To sold, duly authenticated by the official having curtificate is in a foreign language, a translation of the state of the stat | ne and Address:  ustody of records in the he certificate under oath |

Control Number: 13394581

## STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### FOCUS Investment Banking LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14984506 Date Inc/Auth/Filed: 03/27/2013 Jurisdiction : Georgia Print Date : 12/13/2017

Form Number : 211



Brian P. Kemp Secretary of State