# M18000001747

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| (Requestor's Name)                        |  |  |  |  |  |  |  |
| (Address)                                 |  |  |  |  |  |  |  |
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| ( adioss)                                 |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                  |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                         |  |  |  |  |  |  |  |
| (Business Entity Name)                    |  |  |  |  |  |  |  |
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| Certified Copies Certificates of Status   |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer:   |  |  |  |  |  |  |  |
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| W18 - 14481                               |  |  |  |  |  |  |  |





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#### **COVER LETTER**

|                         | Registration Section<br>Division of Corporation  | s   |                                    |  |   |       |  |
|-------------------------|--|---|------------------------------------|--|---|-------|--|
| SUBJEC                  | Thornton Hill Capita   | al Group, LLC   |                                    |  |   |       |  |
| -                       |  | Name of   | Limited Liability (                | Company  |   |       |  |
|                         |  |   |                                    |  | ansact Business in Florida," Cer<br>y company to transact business      |       |  |
| Please ret              | turn all correspondence c  | oncerning this matter to the                                | following:                         |  |   |       |  |
|                         | Cammie Warbu   | orton   |                                    |  |   |       |  |
|                         |  | N   | ame of Person                      |  |   |       |  |
|                         | Corporate Direc  | et, Inc.  |                                    |  |   |       |  |
| Firm/Company            |  |   |                                    |  |   |       |  |
|                         | 348 Mill Street  |   |                                    |  |   |       |  |
|                         |  |   | Address                            |  |   |       |  |
|                         | Reno, NV 8950  | )1  |                                    |  |   |       |  |
| City/State and Zip Code |  |   |                                    |  |   |       |  |
|                         | cwarburton@corp  | poratedirect.com  |                                    |  |   |       |  |
|                         |  | E-mail address: (to be used                                 | for future annual                  | report not                                     | ification)  |       |  |
| For further             | er information concerning  | g this matter, please call:                                 |                                    |  |   |       |  |
|                         | Cammie Warburton   |   | 775<br>at (                        | 284-71   | 62  |       |  |
| -                       | Name o   | f Contact Person  | Area Code                          | Day  | time Telephone Number   |       |  |
| ]<br> <br>              | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |   |                                    | Division<br>Registrat<br>Clifton B<br>2661 Exe | of Corporations ion Section uilding ecutive Center Circle see, FL 32301 |       |  |
|                         | is a check for the follow  ■ \$125.00 Filing Fee   | ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status | □ \$155.00 Filir<br>Certified Copy | ng Fee &                                       | ☐ \$160.00 Filing Fee, Certified Copy                                   | icate |  |



February 13, 2018

CAMMIE WARBURTON 348 MILL STREET RENO, NV 89501

SUBJECT: THORNTON HILL CAPITAL GROUP, LLC

Ref. Number: W18000014481

We have received your document for THORNTON HILL CAPITAL GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 418A00003073

#### 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 RUSINESS IN THE STATE OF FLORIDA

| COMPANY TO TRANSACT BU                                       | ISINESS' IN THE STATE OF FLORIDA:  |  |                                       |                  |        |
|--|--|--|---------------------------------------|------------------|--------|
| 1. Thornton Hill Capital (Name of Fore                       | Group, LLC<br>eign Limited Liability Company; must include "Lin  | nited Liability Company," "L.L.C.," or   | "LLC.")                               | <del></del>      |        |
| (If name unavailable, enter al<br>Liability Gompany,""L.L.C, | Iternate name adopted for the purpose of transactin  | g business in Florida. The alternate nan   | ne must inclu                         | ıde "Limite      | ed     |
| 2 Wyoming  | 3 82-2   | 493079   |                                       |                  |        |
|  | of which foreign limited liability   | (FEI number, if applicable)  | i                                     |                  |        |
| 4. 01/19/2018  |  |  | _                                     |                  |        |
|  | (Date first transacted business in Florida,<br>(See sections 605.0904 & 605.0905, F.S. to                  | it prior to registration.)<br>determine penalty liability)   |                                       |                  |        |
| 5. 60 E. Simpson Ave.,                                       | Box 2869   |  | <del>-</del>                          |                  |        |
| Jackson, WY 83001  |  |  |                                       |                  |        |
| ·  | (Street Address of Principal Office  | ee)  | -                                     |                  |        |
| 6. PO Box 2869   |  |  | -                                     |                  |        |
| Jackson, WY 83001  |  |  | _                                     |                  |        |
|  | (Mailing Address)  |  |                                       |                  |        |
| 7. Name and street address                                   | s of Florida registered agent: (P.O. Box <u>NO</u>   | <u>T</u> acceptable)   |                                       |                  |        |
| Name:  | Registered Agents Inc.   |  |                                       |                  |        |
| Office Address:  | 3030 N. Rocky Point Dr. STE 150  | )A   | , , , , , , , , , , , , , , , , , , , |                  |        |
|  | Tampa  | , Florida 33607  | - 32 m                                | <u> </u>         |        |
| Registered agent's accept                                    | (City)   | (Zip code)   |                                       | <del>22</del>    |        |
| Having been named as re                                      | gist <mark>ered agent and to accept service of pr</mark> oce   |  |                                       |                  |        |
|  | tion, I hereby accept the appointment as regi<br>ons of all statutes relative to the proper and c          |  |                                       |                  |        |
|  | my position as registered agent.   | complete perjoratures of my water  | , unit uni                            | TEN E            |        |
|  | Pole Hama  |  |                                       | ्यक् ः<br>अस्तिः | P 40 ' |
|  | (Registered agent's s  | ignature)  | _ ∰.<br>∑≥                            | <b>6</b>         |        |
| 2 The name title or cans                                     | acity and address of the person(s) who has/hay   | ve authority to manage is/are:   |                                       |                  |        |
| Austin Hofmeister  | ΛΛ   | ve aumority to manage is are.  |                                       |                  |        |
| -  | 1.06   | · · · · · · · · · · · · · · · · · · ·  | <del></del>                           |                  |        |
| PO Box 2869  |  | the state of the s |                                       |                  |        |
| Jackson, WY 83   | 3001   |  |                                       |                  |        |
|  | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in ubmitted) |  |                                       |                  |        |
|  |  |  | _                                     |                  |        |
|  | Signature of an authori  | zed person   |                                       |                  |        |
| This document is executed submitted in a document to         | d in accordance with section 605.0203 (1) (b), o the Department of State constitutes a third d             | Florida Statutes. I am aware that an egree felony as provided for in s.817   | y false info<br>7.155, F.S.           | rmation          |        |

Typed or printed name of signee

Austin Hofmeister

### STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## Thornton Hill Capital Group, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 14, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000761494**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of February, 2018 at 1:27 PM. This certificate is assigned 025422831:



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.