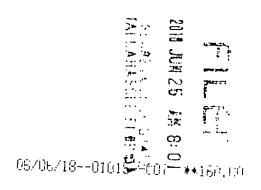
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(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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JUM 25 2007 J. HARRIE

#### COVER LETTER

	ation Section i of Corporation	18		
SUBJECT:	Esc	ADRA CAPIT	TAL, LLC  f Limited Liability Company	
The enclosed "A <sub>l</sub> Existence, and ch	pplication by For neck are submitte	eign Limited Liability Cor d to register the above refe	mpany for Authorization to Tra	ansact Business in Florida." Certificate of y company to transact business in Florida
Please return all	correspondence c	concerning this matter to th	ne following:	
		RONAUD	T. BEVANS,	În.
			Name of Person	
		LAW OPPR	CES RUNALD T	T. Bevons Ir., P.A
			Firm/Company	,
	1221	Bricken A	tre. Sunz	2660
		MIAMI	FL 33131	1
		City	/State and Zip Code	
		RIBENAN	se bevensus	tw. con
-		E-mail address: (to be us	sed for future annual report no	tification)
For further infor	mation concernin	g this matter, please call:		
	_	-	Area Code Day	374 7535
	Name o	of Contact Person	Area Code Day	vtime Telephone Number
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314		Division Registrat Clifton E 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301
	eck for the follow i.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2018

RONALD T BEVANS LAW OFFICES RONALD T BEVANS JR, PA 1220 BRICKELL AVE SUITE 2660 MIAMI, FL 33131

SUBJECT: ESCADRA CAPITAL, LLC Ref. Number: W18000053270

2018 JUN 25 PM 1: 34

CPARTMENT OF ST

NATION OF CORPORT

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We have received your document for ESCADRA CAPITAL, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00011912

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RECINEED

PARENTAL OF STATES OF STAT

www.sunbiz.org

### 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: ESCADRA CAPITAL U.C.
(Name of Foreign 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.") (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty hability.) 7. Name and street address of Plorida registered agent; (P.O. Box NOT acceptable) Name: Office Address: 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 rejutive to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: WESTON (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 sostion 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 Telopy as provided for in s.817.155. F.S.

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ESCADRA CAPITAL, 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 NINETEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESCADRA CAPITAL, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2018.

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

Authentication: 202914030

Date: 06-19-18

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