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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE

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June 26, 2018

JON BALL 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401

SUBJECT: INTRINSIC ASSET GP LLC

Ref. Number: W18000059395

We have received your document for INTRINSIC ASSET GP 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 718A00013312

Octavia L Simmons Regulatory Specialist III

good standing

COVER LETTER

TO: Registration Section Division of Corporation	s		
SUBJECT: Intrinsi	C Asset G	P LLC Limited Liability Company	<u>,</u>
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Comp d to register the above refere	eany for Authorization to Tra enced foreign limited liability	nsact Business in Florida," Certificate of company to transact business in Florida.
Please return all correspondence c	oncerning this matter to the	following:	
Jon			
	N:	ame of Person	
Intri	insic Asset	LLC	
	Fi	rm/Company	
1645 P	alm Beach Lat.	es Blue St 1.	200
West	Palm Beach	FL 3340 tate and Zip Code	1
IA pa		Cinsic asset full differ future annual report not	ification)
For further information concerning	g this matter, please call:		
Jon Ball Name o	f Contact Person	at (3 (3 % / time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET Division Registrat Clifton B 2661 Exe	*ADDRESS: of Corporations ion Section
Enclosed is a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsim \text{\$\subset\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREK. COMPANY TO TRANSACT BUSINESS, IN THE STATE OF FLORIDA:	ON LIMITED LIABILITY
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." 2. Delawap (Jurisdiction under the law of which foreign limited hability company is organized) 3. 83-0579966 (FEI number, if applicable)	"l, l, C," or "l,l,C,")
4. WA (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)	
5. 1645 Palm Brach Lakes Block (Street Address of Principal Office) 6. 1645 Palm Brach Lakes (Mailing Address)	Blue
St 1200 West Palm Beach FL 33401 West Palm Brach FL 3	33401
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	JE FI
Name: Corporation Service Company Office Address: 120 (Hays Street	ED ED
Tallahassee FL 3230 Florida (Zipcode)	12:3:
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability condessignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and it is accept the obligations of my position as registered agent. (Registered agent's sugnature)	city. I further agree
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: Name	d Address:
(Use attachments if necessary)	
 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the ce of the translator must be submitted) 	
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any facult in a document to the Department of State conditutes a third tegree felony as provided for in s.817.155, F	
Signature of an authorized person Jon Gull	

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "INTRINSIC ASSET GP 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 THIRD DAY OF JULY, A.D. 2018.



Authentication: 203002806

Date: 07-03-18