# M18000006980

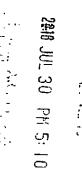
| (Requestor's Name)   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| (Address)  |  |  |  |  |  |  |
| (Address)  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)   |  |  |  |  |  |  |
| PICK-UP WAIT MAIL  |  |  |  |  |  |  |
| (Business Entity Name)   |  |  |  |  |  |  |
| (Document Number)  |  |  |  |  |  |  |
| Certified Copies Certificates of Status  |  |  |  |  |  |  |
| Special Instructions to Filing Officer:  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Cooke to Dehevt Calinas  |  |  |  |  |  |  |
| Spoke to Robert Salinas<br>who gave permission to add<br>DEJ to business name. |  |  |  |  |  |  |

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2018

PATRICK DE LISI 800 BRICKELL AVE, PH 2 MIAMI, FL 33131

SUBJECT: ASSETS CAPITAL PARTNERS, LLC

Ref. Number: W18000067399

We have received your document for ASSETS CAPITAL PARTNERS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000060291.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 818A00015197

#### COVER LETTER

Registration Section Division of Corporations

TO:

| UBJECT:                      | Assets Capital Pa   | artners, LLC   |  |  |   |                                 |
|------------------------------|---|--|--|--|---|---------------------------------|
| OBOLC I.                     |   | Name of  | Limited Liability                      | Company  |   |                                 |
| he enclosed<br>existence, an | "Application by Fo  | reign Limited Liability Comped to register the above reference | pany for Authoriz<br>enced foreign lim | ation to Tr<br>ited liabilit                   | ansact Business in Florida," (<br>by company to transact busine           | Certificate of<br>ss in Florida |
| lease return                 | all correspondence  | concerning this matter to the                                  | following:                             |  |   |                                 |
|                              | Patrick De Lis  | Si   |  |  |   |                                 |
|                              | ***   | N  | ame of Person                          |  |   |                                 |
|                              | Assets Capit  | al Partners, LLC   |  |  |   |                                 |
|                              |   | F  | irm/Company                            |  | -,  |                                 |
|                              | 800 Brickell A  | ve, Ph 2   |  |  |   |                                 |
|                              | + -   | <del></del>  | Address                                |  |   |                                 |
|                              | Miami, FL, 33   | 131  |  |  |   |                                 |
|                              |   | City/S   | tate and Zip Code                      | :  | <del></del>   |                                 |
|                              | rsalinas@rcbs.  | biz  |  |  |   |                                 |
|                              |   | E-mail address: (to be use                                     | d for future annua                     | l report no                                    | tification)   |                                 |
| or further in                | formation concernit   | ng this matter, please call:                                   |  |  |   |                                 |
| Rot                          | pert Salinas  |  | 786                                    | 338-90   | 000   |                                 |
|                              | Name  | of Contact Person  | Area Code                              | Day  | ytime Telephone Number  |                                 |
| Divi<br>Regi<br>P.O.         | ILING ADDRESS<br>ision of Corporation<br>istration Section<br>Box 6327<br>ahassee, FL 32314 | E<br>S   |  | Division<br>Registrat<br>Clifton E<br>2661 Exc | of Corporations tion Section Building ecutive Center Circle see, FL 32301 |                                 |
| nclosed is a                 | check for the follow<br>125.00 Filing Fee   | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Fili<br>Certified Copy      |  | ☐ \$160.00 Filing Fee, Cer of Status & Certified Copy                     |                                 |

### 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Assets Capital Partn                    | ers <b>L</b> LC  |   |                                       |  |  |  |
|---|--|---|---------------------------------------|--|--|--|
| (Name of Foreign                        | Limited Liability Company; must include "Limit   | ed Liability Company." "L.L.C.," or "LLC.")         | <del></del>                           |  |  |  |
| Accets (n                               | Otal Partners DF   | LLC   |                                       |  |  |  |
| (If name unavailable, enter alternate r | time adopted for the purpose of transacting business in Fl   | orida. The alternate name must include "Limited Lia | hility Company," "L.L.C," or "LLC.")  |  |  |  |
| <sub>2</sub> Delaware                   |  | 3   |                                       |  |  |  |
| <del>~</del> ,                          | hich foreign limited liability company is organized)   | 3(FEI numb  | per, if applicable)                   |  |  |  |
|   |  |   |                                       |  |  |  |
| 4. 07/12/2018                           |  |   | <del>-</del>                          |  |  |  |
|   | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to determ | registration.)<br>nine penalty liability)           |                                       |  |  |  |
| 5 800 Brickell Ave, Ph                  | 2  | 6 1001 N. Federal Hwy, Si                           | uite 202                              |  |  |  |
| 5. (Street Address of                   |  |   | (Mailing Address)                     |  |  |  |
| Miami, FL, 33131                        | •  | Hallandale, FL 33009                                |                                       |  |  |  |
| <del></del>                             |  |   |                                       |  |  |  |
|   |  |   | <del>-</del>                          |  |  |  |
|   |  |   |                                       |  |  |  |
| 7. Name and street address              | ss of Florida registered agent: (P.O. Bo   | x <u>NOT</u> acceptable)                            |                                       |  |  |  |
|   | Robert Salinas   |   |                                       |  |  |  |
| Name:                                   |  |   |                                       |  |  |  |
| Office Address:                         | 1001 N. Federal Hwy, Suite 202   |   |                                       |  |  |  |
| Office Address.                         |  |   |                                       |  |  |  |
|   | Hallandale   | , Florida 33009                                     |                                       |  |  |  |
|   | (City)   | (Zip cod  | le)                                   |  |  |  |
| Registered agent's accep                |  | ·   | Hiskilin assessment the place         |  |  |  |
| Having been named as re                 | gistered agent and to accept service of  | process for the above stated timiled                | in this capacity. I further sures     |  |  |  |
| designated in this applica              | tion, I hereby accept the appointment of ions of all statutes relative to the prope                          | as registerea agent and agree to act                | duties and Law familiar with          |  |  |  |
|   | ons of all statutes relative to the prope<br>s of my position as registered agent.                           | r ana complete perjormance of my                    | uunes, una 1 um juminus wiin          |  |  |  |
| ana accept the obligation               | s of my position as registered agent.  |   |                                       |  |  |  |
|   |  |   |                                       |  |  |  |
|   | (Registered agent's  | s signature)  |                                       |  |  |  |
| C. The name title or con-               | acity and address of the person(s) who h   | bave authority to manage is/are                     |                                       |  |  |  |
| Title or Capacity:                      | Name and Address:  | Title or Capacity:                                  | Name and Address:                     |  |  |  |
| Title of Capacity.                      |  | The or Capacity                                     | <b>es</b>                             |  |  |  |
| Member                                  | Patrick De Lisi  |   | <u></u>                               |  |  |  |
|   | 800 Brickell Ave. Ph 2   | _   | <u>&gt;</u>                           |  |  |  |
|   | Miami. FL. 33131   | <del>_</del>  | <u> </u>                              |  |  |  |
|   |  |   | · · · · · · · · · · · · · · · · · · · |  |  |  |
|   |  |   |                                       |  |  |  |
|   |  | <u> </u>  | चंद्र ज र                             |  |  |  |
|   |  | <del></del>   | ***                                   |  |  |  |
| (Use attachments if neces               | sary)  |   | . •                                   |  |  |  |
|   |  |   |                                       |  |  |  |
| 9. Attached is a certificate            | of existence, no more than 90 days old.  | duly authenticated by the official ha               | iving custody of records in the       |  |  |  |
|   | of which it is organized. (If the certifica  | ite is in a foreign language, a translat            | ion of the certificate under oath     |  |  |  |
| of the translator must be s             | ubmitted)  |   |                                       |  |  |  |
| 10. This document is a year             | uted in accordance with section 605.020  | 13 (1) (b) Florida Statutae Lam aura                | re that any false information         |  |  |  |
| submitted in a document to              | the Department of State constitutes a the  | hird degree felony as provided for in               | s \$17 155 F \$                       |  |  |  |
| subinitied in a document to             |  | and degree relong as provided for in                | 3.6171123.17.01                       |  |  |  |
|   | Patrick De liss  |   |                                       |  |  |  |
|   | Signatur   | e of an authorized person                           |                                       |  |  |  |
|   |  |   |                                       |  |  |  |
|   | Patrick De Lisi  |   |                                       |  |  |  |

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASSETS CAPITAL PARTNERS 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 SIXTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSETS CAPITAL PARTNERS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2018.

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

Authentication: 203017253

Date: 07-05-18