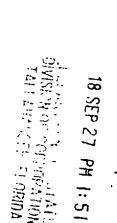
MIBOOOOOBBIL

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

Office Use Only



600319014026



() (1) CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 415789 4320702

AUTHORIZATION : STREET COMME

COST LIMIT : \$ 125.00

ORDER DATE: September 27, 2018

ORDER TIME : 1:29 PM

ORDER NO. : 415389-010

CUSTOMER NO: 4320702

FOREIGN FILINGS

NAME: FOXHILL CAPITAL PARTNERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

. .)

COVER LETTER

	Foxhill Capital P	artners 11.0			
SUBJE	ECT:				
		Name o	of Limited Liability Compar	ny	_
		the above tell	renced foreign limited liab	Transact Business in Florida ility company to transact bus	." Certifi iness in F
lease !	return all correspondenc	e concerning this matter to th	e following:		
	Neil Weiner				
			Name of Person		-
	Foxhill Capit	al Partners, LLC			
	Firm/Company				
	Loggerhead I	Plaza, 14244 US Hwy 1. Suit	e 240		•
	Address				-
	Juno Beach, F	Florida 33408			,
		City/S	State and Zip Code		
	neil@foxhillca	oital.com			.) 1
		E-mail address: (to be use	ed for future annual report n	otification)	•
or furth	her information concerni	ng this matter, please call:			
	Neil Weiner		561 335-5	3330	
	Name	of Contact Person	_ `	aytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>:</u> is	STREF Division Registra Clifton 2661 Ex	er Address: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301	
nclosed	l is a check for the follow ☐ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	ertificate

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:

1. Foxhill Capital Partne	rs, LLC		
(Name of Foreign	Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "L	LC.")
Delaware	mame adopted for the purpose of transacting busines	s in Florida. The alternate name must include "Limit	ed Liability Company," "L.L.C," or "LLC.")
	which foreign limited hability company is organized)	3. 20-3512661	
	(Company to openized)	(FE	number, if applicable)
4. September 1, 2018	(Date)		
	(Date tirst transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to o	rior to registration.) determine penalty liability)	 _
5. Loggerhead Plaza (Street Address of		6.	
14244 US Hwy 1, Suit		(Mailing	Address)
Juno Beach, Florida 33			
			- 1
7 Name and street add	cm ::		~ *
Traine and street agures	ss of Florida registered agent: (P.O.	Box NOT acceptable)	1
Name:	Corporation Service Company		,
Office Address:	1201 Hays Street		
	Tallahassee (City)	Florida 32301	
Registered agent's accep	tance:	of process for the above stated limit	r code)
8. The name, title or cana	\mathcal{O}	Emily Croft ASST. Vice President to manage is fare	<u>t</u> dent
Title or Capacity:	Name and Address:	o has/have authority to manage is/are <u>Title or Capacity:</u>	
Manager	Neil Weiner	- Capacity.	Name and Address:
·	14244 US Hwy 1, Suite 24	40	
	Juno Beach, Florida 3340		
·			
			
(Use attachments if necess:	ary)		
O. Attached is a certificate of urisdiction under the law of the translator must be sult		ld, duly authenticated by the official cate is in a foreign language, a trans	having custody of records in the lation of the certificate under oath
0. This document is executed the bulleting of the bulleti	ted in accordance with section 605.0. the Department of State constitutes a	203 (1) (b), Florida Statutes. I am aw third degree felony as provided for i	vare that any false information in s.817,155, F.S.
-	Signat	ture of an authorized person	
,	<i>'</i>		·
<u>-</u>	Manager		
	Type	d or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "FOXHILL 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOXHILL CAPITAL PARTNERS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER,

A.D. 2005.

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

Authentication: 203505263

Date: 09-27-18