

1/10/2019

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
CAPAX GLOBAL LLC

Certificate of Status	0
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Page Count	05
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TALLAHASSEE, FLORIDA

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(FL)
1-11-19

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. CAPAX GLOBAL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NEW YORK 3. 06-1524510
(Jurisdiction under the law of which foreign limited liability company is organized) (FEC number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5110 MAIN STREET 6. 5110 MAIN STREET
(Street Address of Principal Office) (Mailing Address)
WILLIAMSVILLE, NY 14221 WILLIAMSVILLE, NY 14221

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION
Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (Zip code)

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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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System Phally Sea Phally Sea, Asst. Secretary
(Registered agent's signature)

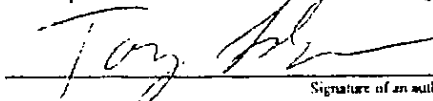
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: JERRY HAWK	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 675 OLD BARRINGTON RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	NORTH BARRINGTON, IL 60010	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 section 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 felony as provided for in s.817.155, F.S.



 Signature of an authorized person

TONY LAFORNARA

 Typed or printed name of signer

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 DEPARTMENT OF STATE
 PALM BEACH, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that ADVANTAGE PROFESSIONALS OF METRO NEW YORK, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/13/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of ADVANTAGE PROFESSIONALS OF METRO NEW YORK, LLC was filed on 12/30/1998.

An Affidavit of Publication of ADVANTAGE PROFESSIONALS OF METRO NEW YORK, LLC was filed on 12/30/1998.

A Biennial Statement was filed 09/27/2000.

A Biennial Statement was filed 10/02/2002.

A Biennial Statement was filed 10/15/2004.

A Biennial Statement was filed 10/10/2006.

A Certificate of Merger was filed on 06/29/2007.

A certificate changing name to CAPAX CONSULTING LLC was filed on 06/06/2008.

A certificate changing name to CAPAX GLOBAL LLC was filed on 07/18/2008.

A Biennial Statement was filed 01/25/2011.

A Biennial Statement was filed 10/22/2012.

A Biennial Statement was filed 10/31/2014.

A Biennial Statement was filed 10/27/2016.

A Biennial Statement was filed 10/11/2018.

I further certify, that no other documents have been filed by such Limited Liability Company.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of January
two thousand and nineteen.



A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark
Deputy Secretary of State