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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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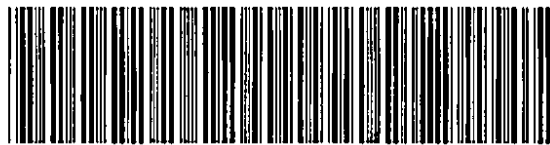
(Business Entity Name)

(Document Number)

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

B KINSEY

JUN 17 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Donald Capital LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kelsey Weiner

\_\_\_\_\_  
Name of Person

Hunter Taubman Fischer & Li LLC

\_\_\_\_\_  
Firm/Company

1450 Broadway, 26th Floor

\_\_\_\_\_  
Address

New York, NY 10018

\_\_\_\_\_  
City/State and Zip Code

dmcDonald@donaldcapital-ny.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelsey Weiner

212

530-2215

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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. Donald Capital LLC  
(Name of Foreign Limited Liability Company; must include "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.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI 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. 4737 Dolphin Cay Lane South  
(Street Address of Principal Office)

6. 4737 Dolphin Cay Lane South  
(Mailing Address)

#603

#603

St. Petersburg, Florida 33711

St. Petersburg, Florida 33711

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

Name: Donald McDonald

Office Address: 4737 Dolphin Cay Lane South, #603

St. Petersburg, Florida 33711  
(City) (Zip code)

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.

Donald McDonald  
(Registered agent's signature)

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STATE  
TALLAHASSEE, FLORIDA

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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Donald McDonald

☐ Member Address: 4737 Dolphin Cay Lane South

☐ Authorized #603

Person St. Petersburg 33711

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: McDonald Global Enterprises LLC

☒ Member Address: 4737 Dolphin Cay Ln S.

☐ Authorized # 603

Person St Petersburg FL 33711

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: ChineseInvestors.com

☒ Member Address: 40 Wall St.

☐ Authorized Suite 2823

Person New York, N.Y. 10005

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Alex Hamilton

☐ Member Address: 40 Wall Street

☐ Authorized 28th Floor

Person New York, NY 10005

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Hamilton Strategy Group, Inc.

☒ Member Address: 487 E. Main Street

☐ Authorized Suite 175

Person Mt. Kisco N.Y. 10549

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ 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

Donald McDonald

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "DONALD 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 THIRTIETH DAY OF MAY, A.D. 2019.



6875086 8300

SR# 20194955097

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202931062

Date: 05-30-19