

M 19000006895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

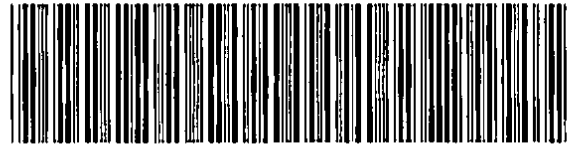
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2019 JUL 11 AM 11:01
RECEIVED
VAI MASS REGISTRATION

JUL 17 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2019

JON STAMMELMAN
152 WEST 57TH STREET, 35TH FLOOR
NEW YORK, NY 10019

SUBJECT: STONECASTLE CASH MANAGEMENT, LLC
Ref. Number: W19000062544

RECEIVED
JUL 11 2019
DIVISION OF CORPORATIONS
STATE OF FLORIDA

We have received your document for STONECASTLE CASH MANAGEMENT, LLC and your check(s) totaling \$660.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 419A00013711

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: StoneCastle Cash Management, 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:

Jon Stammelman

Name of Person

StoneCastle Partners, LLC

Firm/Company

152 West 57th Street, 35th Floor

Address

New York, NY 10019

City/State and Zip Code

rschatten@stonecastle.com

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

For further information concerning this matter, please call:

Rachel Schatten

347

887-0301

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:

☐ \$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

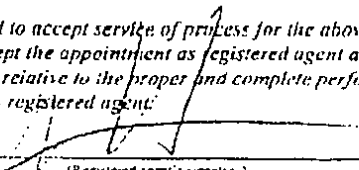
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. StoneCastle Cash Management, LLC
(Name of Foreign Limited Liability Company, 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. 24-4665663
(FBI number, if applicable)
4. January 1, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 152 West 57th Street, 35th Floor
(Street Address of Principal Office)
New York, NY 10019
6. 152 West 57th Street, 35th Floor
(Mailing Address)
New York, NY 10019
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Bruce Hinkle
 Office Address: 9601 Castle Point Dr, #811
Sarasota Florida 34238
 (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.


(Registered agent's signature)

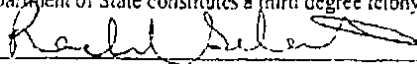
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Chairman</u>	<u>Joshua Siegel</u> <u>152 W 57th St, 35th Floor</u> <u>New York, NY 10019</u>		

(Use attachments if necessary)

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
Rachel Schatten

typed or printed name of a person

2019 JUL 11 AM 11:01
STATE DEPARTMENT OF
REVENUE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STONECASTLE CASH MANAGEMENT, 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 SEVENTEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STONECASTLE CASH MANAGEMENT, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2009.

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



4661741 8300

SR# 20195468375

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 203036483

Date: 06-17-19