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то: ्	Regist Divisio	ration Section in of Corporations	•						
SUBJE		ackfin Capital, LLC		<u> </u>					
SUBJE			Name o	f Limited	Liability C	ompany			
The encl Existence	losed */	application by Foreign theck are submitted to	n Limited Liability Con register the above refe	npany for renced fo	Authorizat reign limite	ion to Transact ed liability comp	Business in Florida," pany to transact busin	Certifi less in l	cate of Florida.
Please n	eturn ali	correspondence conc	cerning this matter to th	e followi	n g :		TA:	20	
		Bradford Peters					E.C.	197	
			1	Name of	Person		HASSE	11 AON 6102	
		44 South Stanwich		Firm/Cor	npany		S AT FLORI	PH 3: 1	
				Addr				ō	
		Greenwich, Conne	City		I Zip Code	report notificat	ion)	-	
For furt	ther info	rmation concerning t	his matter, please call:						
	Brad	ord Peters		at (_		842-7530 _)	Telephone Number	-	
	Divis Regis P.O.	Name of C LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314	Contact Person		Area Code	STREET AD Division of Co Registration S Clifton Buildi	DRESS: proporations ection ng re Center Circle		
	Picas	ised is a check for the e make check payable 125.00 Filing Fee	following amount: to: FLORIDA DEPA \$130.00 Filing Fo Certificate of	;e& l	 \$ 155.00	TE) Filing Fee & ied Copy	5160.00 Filing of Status & Co	g Fee, (ertified	Tertificate 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:

, Blad	ckfin Capital, LLC						
۱۰ <u>_</u>	(Name of Foreign L	mited Liability Company; must include "Limite	d Liebility	Company," "[[.C.," or "ELC."]			
		ne edopted for the purpose of transacting business in Flo	ride The al	terrane mane must include "Limited Liabilit	y Company.	L.L.C," or	۳.၁
(lfeame t	antvallable, enter alternate nar	ue equities; for the barbone of causingrad provincing or		13-4043087			
_	Aware .		3.	(FEI number,	Terrolicable)	<u> 20</u> 19	—
(Ju	indiction under the law of whi	ch foreign limited liability company is organized)		(/ L/ 	AH.	Š	T
					ASE!	NOV 14	*****
4		(Date first transacted learness in Florids, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	hability)	333.) 7.		
	44 South Stanwich Road		6.	sale take Worth Dood	CF SI	PH 3	
5	(Street Address of Po	incipal Office)	0.	(Mathing Address	S'ATE LORIDA	=	
				Suite 102		<u> </u>	
Greenwich, Connecticut 06831				Lake Worth, Florida 33463			
7. Na	ime and street addres	s of Florida registered agent: (P.O. Bo	х <u>NOT</u>	acceptable)			
	Name:	Andrea Trevino					
	Office Address:	6415 Lake Worth Road, Suite 102					
		Lake Worth		33463 , Florida			
		(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.

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]: Name and Address; Title or Capacity: Name and Address: Title or Capacity: **Bradford Peters** Name: Manager | Name: **Manager** 44 South Stanwich Road Member Address: _ Address: ■ Member Greenwich, Connecticut 06831 Authorized Person Person Other Other_ Other____ Other_ Manager | Name: Manager Name: ____ Address: _____ ☐ Member Address: _____ Member Authorized Authorized Person Person Other____ Other_ ______ Other_ Name: ______ Manager Manager Name: _____ Manager ... Address: Member | Address: Member Authorized Authorized Person Person Other____ Other_____ Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. **Bradford Peters** Typed or printed some of signer

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLACKFIN 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKFIN CAPITAL, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 7998.

25 P

Authentication: 203882946

Date: 10-28-19