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Licent Capital, LLC

3187 N. State Rd #7  
Margate, FL 33063

Phone: (954) 972-0081  
Fax: (954) 972-0839  
Email: licentfl@mindspring.com

November 12, 1999

State of Florida  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

W99-26721

MJH

100003048761--4  
-11/18/99--01064--009  
\*\*\*\*125.00 \*\*\*\*125.00

Enclosed please find the following:

Completed Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida.

Original Certificate of Good Standing, issued 11/8/99, by the State of  
New York for the Licent Capital, LLC, the parent company in New York.

Certificate of Designation of Registered Agent/Registered Office

Check in the amount of \$125.00 in payment of the application fee and  
designation certificate.

If you require additional information to complete this registration, please advise.

Regards,

*Ruth McCartney*

Ruth McCartney  
Office Manager

Encls.

99 DEC -2 PM 4:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Ruth McCartney* GAVE  
AUTHORIZATION BY PHONE TO  
CONTACT #6 date 1st Trans. Bus.  
DATE 12-2-99  
EXAM *MJH*

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LICENT CAPITAL, LLC  
(Name of foreign limited liability company)
2. STATE OF NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 5/10/99  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 100 JERICHO QUADRANGLE  
JERICHO, NEW YORK 11753  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The usual business addresses of the managing members or managers are as follows:

SAME AS #7

FILED  
99 DEC -2 PM 4:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

BUSINESS CONSULTING

x Sidney Karabel

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SIDNEY KARABEL

Typed or printed name of signee

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

I hereby certify, that LICENT CAPITAL, LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 05/10/1999, and that the limited liability company is subsisting so far as shown by the records of the Department.

The limited liability company has not filed proofs of publication under section 206 of the Limited Liability Company Law.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 08th day of November  
one thousand nine hundred and  
ninety-nine



Special Deputy Secretary of State

199911080382 63

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LICENT CAPITAL, LLC

2. The name and the Florida street address of the registered agent and office are:

SIDNEY KARABEL

(Name)

3187 NO. STATE ROAD 7

Florida street address (P.O. Box **NOT** ACCEPTABLE)

MARGATE

FL

33063

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

*Sidney Karabel*  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)