PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIABILITY COMPANY ISTATEMENT	Katherine Ha Secretary of S	A DEPARTMENT OF STATE Katherine Harris Secretary of State IVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 00 OCT 19 PMII: 02			
DOCUMENT# 1. Limited Liability Company's Name M99/2018 LOOP Capital Markets, LCC					30, 13 1111	M - M		
175W. Jackson		3. Mailing Office Address SANL AS ANDUNCED Suite, Apt. #, etc.		4. State/Country of Formation 111015 5. Date Organized or Qualified				
City & State Chicasy II Zip 60604 Country C		City & State Zip Country		To Do Business in Florida 4197 6. FEI Number Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIDED TO SSIGN AUGISTONIA GEORGEPHICAD				
6000	79 03			CERTIFICATI	E OF STATUS DESIRED [a Certificate of Status		
8. Name and Address of Current Registered Agent Name CT COr por atrun Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc. Size Size								
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent								
10. Names and Street Addresses of Managing Members/Managers								
Titles	Name of Managing Members/Manage		treet Address of Each aging Member/Manag		City / State	/ Zip		
MGR	James Reynold		Tackson-		Chicaso, Il	60614		
NGR	Albert Grace	175 W.	Jackson-	A635	Chicleso, In	6004		
Mbl	Sandra Reynold	175 W	Jacksin-	- A13X	Chicky, Il b	DOUY '		
-,	<u>}</u>							
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Managing Member/Manager Date /0 / 7 / 0 v Daytime Phone # 412 - 913 - 4903 Typed or printed name of signing Managing Member/Manager SANDRA MICHELE REYNOLDS								
The state of against managers of the state o								



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	y is:					
Loop Capital Mar	kets, LLC	<u> </u>					
2. The name an	d the Florida street address of	the reg	istered agent and office are:				
C T Corporation System							
(Name)							
c/o C T Corporation System, 1200 South Pine Island Road							
Florida street address (P.O. Box NOT ACCEPTABLE)							
P	lantation	FL	33324				
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..

C T Corporation System
Signature

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

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