

Annual Report

Fictitious Name

Name Reservation

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD

FOR PICKUP BY UCC SERVICES

FICE USE ONLY (Document #)

\$17595/12500 U

****125.00 ****125.00

CORPORATION NAME (S) AND DOCUMENT NUMBER (S) if known:

Foreign

Other

Limited Partnership

Reinstatement Trademark

| | Florida | a Capital Par | thers | |
|----------------|-------------------|----------------------------------|---------|---|
| | | | <u></u> | CERTIFICATE OF STATUS |
| | | Photocopy | ū | CERTIFICATE OF GOOD STANDING |
| | | Certified Copy | | ARTICLES ONLY |
| | | | | ALL CHARTER DOCS TO INCLUDE ARTS & AMENDS |
| | NEW FILINGS | AMENDMENTS | | OCT AF |
| | Profit | Amendment | | CERTIFICATE OF FICTITIOUS NAME |
| | NonProfit | Resignation of RA Officer/Direct | or | |
| \overline{x} | Limited Liability | Change of Registered Agent | | FICTITIOUS NAME SEARCH |
| | Domestication | Dissolution/Withdrawal | | |
| | Other | Merger | | CORP SEARCH |
| | OTHER FILINGS | REGISTRATION/QUALIFICATION | IN | 55000000000000000000000000000000000000 |

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

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:

| (Ivame of foreign | n limited liability company) |
|--|--|
| Delaware | 3 |
| Jurisdiction under the law of which foreign limited liability company is organized) | 3(FEI number, if applicable) |
| 10/05/00 | 5. Prepetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| Upon qualification | ee sections 608.501, 608.502, and 817.155, F.S.) |
| (Date first transacted business in Florida. (S | ee sections 608.501, 608.502, and 817.155, F.S.) |
| 601 N. Ashley Drive, Suite 500 | |
| Tampa, Fl 33602 | 3 |
| (Street addre | ss of principal office) |
| If limited liability company is a manager-manage The usual business addresses of the managing me | |
| 601 N. Ashley Drive, Suite 500 | AB |
| Tampa, Fl 33602 | <u></u> |
| | |
| | |
| | |
| Attached is an original certificate of existence, no more than 9 | 90 days old, duly authenticated by the official having custody of recor |
| jurisdiction under the law of which it is organized. (A photoc | opy is not acceptable. If the certificate is in a foreign language, a |
| slation of the certificate under oath of the translator must be su | |
| . Nature of business or purposes to be conducted | or promoted in Florida: Company will provide |
| | P.O. |
| managerial services to corporations. | |
| managerial services to corporations. | Train to the state of the state |
| | nuthorized representative of a member. |
| Signature of a member or an a | authorized representative of a member. F.S., the execution of this document constitutes |
| Signature of a member or an a | authorized representative of a member. , F.S., the execution of this document constitutes erjury that the facts stated herein are true.) |

Typed or printed name of signee

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: | | | | | |
|--|---|--|--|--|--|
| Florida Capital | Partners, LLC | | | | |
| 2. The name and the Florida street | address of the registered agent and office are: | | | | |
| NRAI Services, Inc. | | | | | |
| (Name) | | | | | |
| 526 E. Park Avenu | | | | | |
| Florida | street address (P.O. Box <u>NOT</u> ACCEPTABLE) | | | | |
| Tallahassee | FL 32301 | | | | |
| | 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.. NRAI Services, Inc.

(Signature)

Joanne Caswell, Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA CAPITAL PARTNERS, 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 THIRTEENTH DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA CAPITAL PARTNERS, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0733000

DATE: 10-13-00

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