

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 Tel. (904) 222-1222 Fax (904) 222-1222

F96000002934

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

*file
2nd
TX*

FILE CUS 8.75
 FILING _____ 25.00
 R. AGENT FEE _____ 35.00
 C. COPY _____ 52.50
 TOTAL _____ 112.50
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

RE: *209 Associates*

- ☒ Art. of Inc. File
- ☐ Corp. Record Search
- ☐ Ltd. Partnership File
- ☐ Foreign Corp. File
- ☒ () Cert. Copy(s)
- ☐ Art. of Amend. File
- ☒ Dissolution/Withdrawal
- ☒ C.U.S.
- ☐ Fictitious Name File
- ☐ Name Reservation
- ☐ Annual Report/Reinstatement
- ☐ Reg. Agent Service
- ☐ Document Filing
- ☐ Corporate Kit
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ Document Retrieval
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ File No.'s, _____ Copies
- ☐ Courier Service
- ☐ Shipping/Handling
- ☐ Phone () _____
- ☐ Top Priority
- ☐ Express Mail Prop. _____
- ☐ FAX () _____ pgs.

SUBTOTALS _____

300001866033
 FEE..... 06/18/96 01138-017
 *****70.00 *****8.75
 DISBURSED.....
 300001866033
 SURCHARGE..... 06/18/96 01138-018
 *****122.50 *****122.50
 TAX on corporate supplies..... \$
 SUBTOTAL..... \$
 PREPAID..... \$
 BALANCE DUE..... \$

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME *Open* _____ CK No. _____
 BY _____

WALK-IN Will Pick Up *6/12 12:00*

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

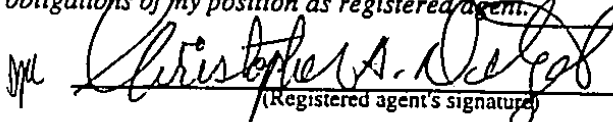
1. 209 Associates, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Ohio
(State or country under the law of which it is incorporated)
3. 31-1320706
(FBI number, if applicable)
4. February 20, 1991
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Transaction of business to begin upon approval of application.
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 209 Associates, Inc.
209 East State Street
Columbus, Ohio 43215
(Current mailing address)
8. General Partner in limited partnership which will become a property owner in FL.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Christopher A. Detzel

Office Address: 540 East Horatio Avenue, Suite 202
Maitland, Florida, 32751
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN 12 AM 11:37

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Director: Don M. Casto III
~~Chairman:~~

Address: 209 East State Street
Columbus, Ohio 43215

Director: Frank S. Benson III
~~Vice Chairman:~~

Address: 209 East State Street
Columbus, Ohio 43215

Director: William G. Casto

Address: 209 East State Street
Columbus, Ohio 43215

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Frank S. Benson III

Address: 209 East State Street
Columbus, Ohio 43215

Vice President: William G. Casto

Address: 209 East State Street
Columbus, Ohio 43215

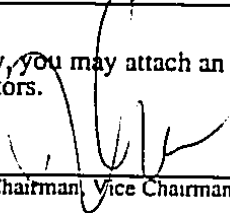
Secretary: Don M. Casto III

Address: 209 East State Street
Columbus, Ohio 43215

Treasurer: Frank S. Benson III

Address: 209 East State Street
Columbus, Ohio 43215

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Don M. Casto III, Secretary
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and miscellaneous filings; that said records show 209 ASSOCIATES, INC., an Ohio Corporation, Charter No. 791088, principal location in Columbus, County of Franklin, incorporated on February 20, 1991, is currently in GOOD STANDING upon the records of this office.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN 12 AM 11:37



WITNESS my hand and official
seal at Columbus, Ohio this
7th day of June, A.D., 1996

Bob Taft

Bob Taft
Secretary of State