

F 99000004322

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Guaranty Capital Fund Limited  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: 400002957344--7

Paul A. Spinelli  
(Name of Person)

Guaranty Capital Fund Limited  
(Firm/Company)

5143 SW 9th Lane  
(Address)

Gainesville, FL 32607  
(City/State/Zip)

w99-18800

Should you need to call someone concerning this matter, please call:

Paul A. Spinelli at (352) 373-6564  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 13, 1999

PAUL A. SPINELLI  
GUARANTY CAPITAL FUND LIMITED  
5143 SW 9TH LANE  
GAINESVILLE, FL 32607

SUBJECT: GUARANTY CAPITAL FUND LIMITED  
Ref. Number: W99000018800

We have received your document for GUARANTY CAPITAL FUND LIMITED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please note that this addition is for use in Florida only and does not affect your filing in Delaware in any way.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 399A00041015

**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. Guaranty Capital Fund Limited 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. DELAWARE 3. 59-3583833  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 14, 1998 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 5143 SW 9th LANE, Gainesville, FL 32607  
(Principal office address)  
b. 5143 SW 9th LANE, Gainesville, FL 32607  
(Current mailing address)
8. Consulting  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: Paul A. Spinelli  
Office Address: 5143 SW 9th LANE  
Gainesville, FL, Florida 32607  
(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.*

Paul A. Spinelli  
(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Paul A. Spinelli

Address: 5143 SW 9th Lane  
Gainesville, FL 32607

Vice Chairman: David Gonnard

Address: 2437 Willow Bend Dr.  
Richmond, TX 77469

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Paul A. Spinelli

Address: 5143 SW 9th Lane  
Gainesville, FL 32607

Vice President: David Gonnard

Address: 2437 Willow Bend Dr.  
Richmond, TX 77469

Secretary: David Gonnard

Address: 2437 Willow Bend Dr.  
Richmond, TX 77469

Treasurer: Paul A. Spinelli

Address: 5143 SW 9th Lane  
Gainesville, FL 32607

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

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

14. Paul A. Spinelli, Chairman  
(Typed or printed name and capacity of person signing application)

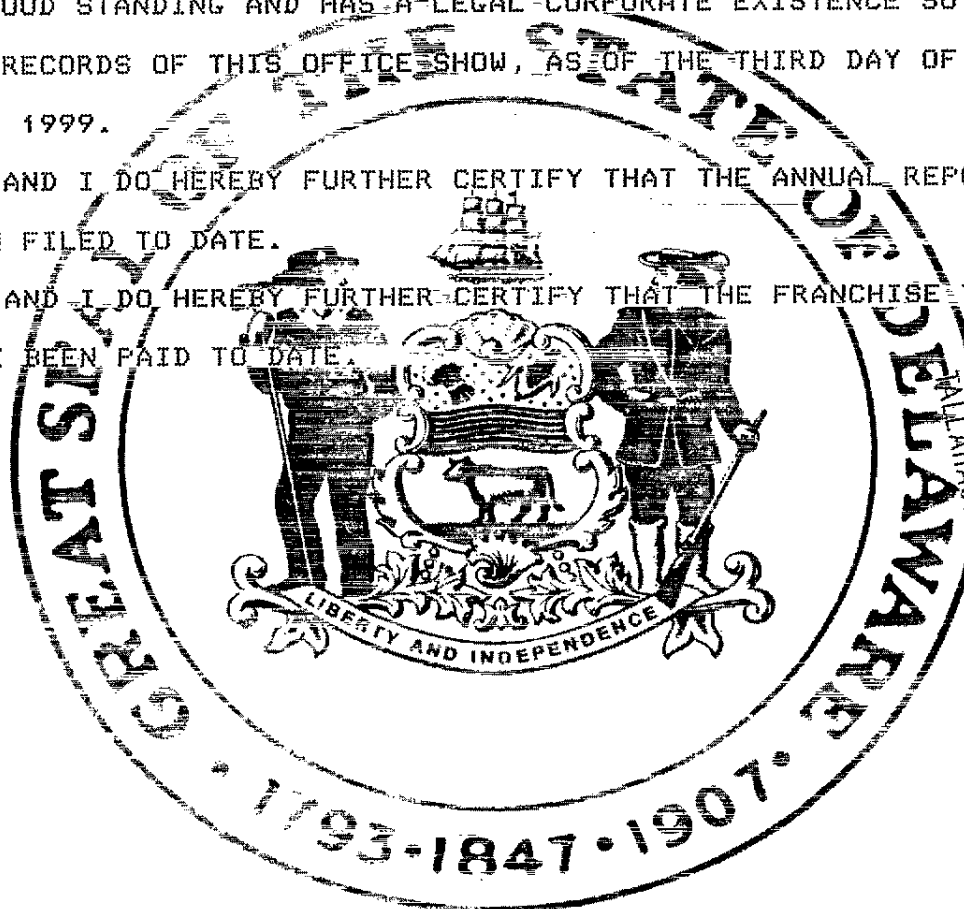
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

State of Delaware  
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GUARANTY CAPITAL FUND LIMITED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9901267  
DATE: 08-03-99