

A040000001516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

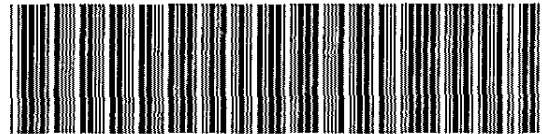
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TALLAHASSEE, FLORIDA

Murray Moore
Requestor's Name
215 S. Monroe Street
Address
Tallahassee, FL 32303
City/State/Zip Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Capital Fund Management Company, LLC
(Corporation Name) (Document #)

2. Regional Capital Fund, LLLP
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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CERTIFICATE OF LIMITED PARTNERSHIP AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
REGIONAL CAPITAL FUND, LLLP

This Certificate of Limited Partnership is submitted in compliance with Section 620.108, Florida Statutes (2003).

1. The name of the limited liability limited partnership is Regional Capital Fund, LLLP.
2. The mailing address of the limited liability limited partnership is as follows:

c/o Robert R. Deison, Managing General Partner
3500 Financial Plaza, Suite 202
Tallahassee, FL 32312
3. The address of the office and the name and address of the agent for service of process is as follows:

c/o Robert R. Deison
3500 Financial Plaza, Suite 202
Tallahassee, FL 32312
4. The name and the business address of the general partners of the limited liability limited partnership are as follows:

Robert R. Deison
3500 Financial Plaza, Suite 202
Tallahassee, FL 32312

Thomas H. Deison
3500 Financial Plaza, Suite 202
Tallahassee, FL 32312
5. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2054.
6. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$30,000,000.00.

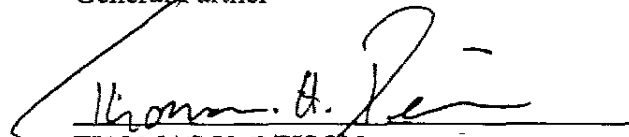
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TALLAHASSEE, FLORIDA

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed this 22nd day of September, 2004.



ROBERT R. DEISON
General Partner



THOMAS H. DEISON
General Partner

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JULIAN H. DE CORPORACTIONS
TALLAHASSEE, FLORIDA

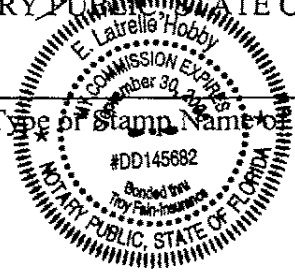
STATE OF FLORIDA,
COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 22nd day of September, 2004, by ROBERT R. DEISON, who is personally known to me or who has produced NA as identification.



NOTARY PUBLIC, STATE OF FLORIDA

Print, Type or Stamp Name of Notary



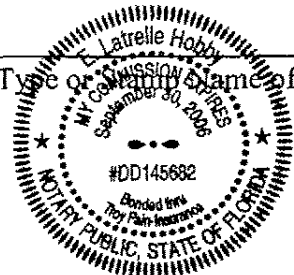
STATE OF FLORIDA,
COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 22nd day of September, 2004, by THOMAS H. DEISON, who is personally known to me or who has produced NA as identification.



NOTARY PUBLIC, STATE OF FLORIDA

Print, Type or Stamp Name of Notary



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 620.105, Florida Statutes, the undersigned limited partnership submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Limited Partnership is: Regional Capital Fund, LLLP.
2. The name and the Florida street address of the registered agent and office are: Robert R. Deison, 3500 Financial Plaza, Suite 202, Tallahassee, FL 32312.

REGIONAL CAPITAL FUND, L.L.L.P.

By:



ROBERT R. DEISON, MANAGING
GENERAL PARTNER

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY LIMITED PARTNERSHIP 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.

SIGNATURE:



ROBERT R. DEISON

DATE:

9/22/04

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TALLAHASSEE, FLORIDA