

## KOGO Leasing, Ltd.

4768 U.S. Route 30 Crestline, Ohio 44827 6137 Savoy Circle Lutz, Florida 33549

June 13, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS CORPORATE RECORDS P.O. BOX 6327 TALLAHASSEE, FL. 32314 100003293071--0 -06/15/00--01161--001 \*\*\*\*\*\*61.25 \*\*\*\*\*\*61.25

10000325507409-0 -08/18/00--01050--002 \*\*\*\*\*\*26.25 \*\*\*\*\*\*26.25

Enclosed please find an application by out-of-state limited partnership to transact business in Florida, along with affidavit of capital contributions, both in duplicate.

Also enclosed is a check for \$61.25 to cover application fee and (1) certificate under seal.

Contact person is: Karen Otterbacher Phone number: 813/ 948- 2970

It would be greatly appreciated if this could be expedited.

Sincerely,

KOGQ Leasing, Ltd.

Karen Otterbacher General Partner Recherk

FILED

00 AUG 17 AM 8: 0

SECRETARY OF STATE
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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 2000

KAREN OTTERBACHER 4768 U.S ROUTE 30 CRESTLINE, OH 44827

SUBJECT: KOGO LEASING, LTD. Ref. Number: W00000015809

We have received your document for KOGO LEASING, LTD. and check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$26.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, pleasecall (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 100A00035221

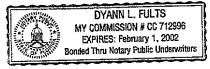
## APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. KOGO Leasing 14d. (Name of limited partnership as it is in the home state)
2. (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. OHIO 4. 4-23-99 (State of Formation) (Date of Formation)
5. AREN OTTERBACHER (Name of Registered Agent for Service of Process)
6. 6. CSTreet Address of Registered Office)
Lutz , Florida \$ 33549 (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
(Agent must sign on this line)  4768 U. S. Route 30
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS STREET
KAREN OTTERBACHER 6137 SAVOY CR, LUTZ, FL 335
GARY OTTERBACHER 6137 SAVOYER LUTZ, FL.33549
10 6137 SAVOU CR. LUTZ FL. 33549

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

12. 6137 5AVOY CR.		
4		
LUTZ, FL. 33549 (Mailing Address of Limited Partnership)	<del></del>	<u> </u>
Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and known thereof and that the facts stated herein are true and correct.	ow the contents	
Signed this 14 day of	<u>cor</u> .	
Lanen Otthewallus General Partner	_	
STATE OF FORISA		
COUNTY OF HULLS BOLOUGH		
On this 14 day of June , 19 2000  Known RAREN OHERBACHER personally appea		
KNOWN KAREN STERBACHER personally appea	red before me,	
Who is personally known to me		
whose identity I proved on the basis of	a	_
	<del>_</del>	_
Myan Dluto (Notary Public Signature)	AUG 17 CRETARY ( LAHASSEE	
(Notary Public Signature)  Tyann L Fy T5  (Notary's Printed Name)	AM 8: 08  OF STATE OF LORIDA	
Seal My Commission Expires:	-	
DYANN L. FUI	LTS	



## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

My Commission Expires:

Seal