

CT CORPORATION SYSTEM

F01000002425

CORPORATION(S) NAME

Enterprise Capital Management, Inc.

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FILED
14 JUN 14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

*INVESTment advisory
service*

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-05/04/01--01063--006

*****70.00 *****70.00

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

5/4/01

Order#: 4209502

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

RECEIVED
 DIVISION OF CORPORATION
 DEPARTMENT OF STATE
 2001 MAY -4 AM 11:24
 NOT RECORDED
 TO AGENCY OF FILING

5/4/01

CB

**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. Enterprise Capital Management, 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. Georgia

(State or country under the law of which it is incorporated)

3. 58-1660289

(FEI number, if applicable)

4. 01/06/1986

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3343 Peachtree Road, NE, Suite 450, Atlanta, GA 30326

(Current mailing address)

8. Investment advisory services.

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(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.

C T Corporation System

(Registered agent's signature)

JENNIFER F AULTMAN
ASSISTANT SECRETARY

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.

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)

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See Attached.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Catherine R. McClellan, Secretary
(Typed or printed name and capacity of person signing application)

01 MAY -4 AM 8:41
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTERPRISE CAPITAL MANAGEMENT, INC.

Atlanta Financial Center
3343 Peachtree Road, N.E., Suite 450, East Tower
Atlanta, GA 30326-1022

Federal Identification No. 58-1660289

OFFICERS AND DIRECTORS

Victor Ugolyn
17 Cardinal Court
Ridgefield, CT 06877

Catherine R. McClellan
1647 Friar Tuck Road
Atlanta, GA 30309

Phillip G. Goff
310 Cotton Field Way
Alpharetta, GA 30022

Herbert M. Williamson
500 Stonebrook Farms Drive
Alpharetta, GA 30004

Chairman
President
Chief Executive Officer
Director

Senior Vice-President/CLO
Secretary
Director

Chief Financial Officer
Vice-President

Vice-President
Treasurer
Assistant Secretary

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TALLAHASSEE, FLORIDA

Nature of Business: Investment Advisory Services

Enterprise Capital Management, Inc. is a wholly-owned subsidiary of MONY Life Insurance Company of America

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : J600086
DATE INC/AUTH/FILED: 01/06/1986
JURISDICTION : GEORGIA
PRINT DATE : 05/03/2001
FORM NUMBER : 211

CT CORPORATION SYSTEM
AMY GORE
1201 PEACHTREE STREET, N.E.
ATLANTA, GA 30361

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

ENTERPRISE CAPITAL MANAGEMENT, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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01 MAY -4 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Cathy Cox

Cathy Cox
Secretary of State