# F0200005a41

#### TRANSMITTAL LETTER

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TO:

Registration Section

	Division of Corporations			<del>=</del> -						
	SUBJECT:	Sequoia investments, inc.								
	(Name of corporation - must include suffix)									
	Dear Sir or Ma	adam:		SE SE						
	"Certificate of	"Application by Foreign Corpora" Existence", and check are submainess in Florida.								
	Please return all correspondence concerning this matter to the following:									
	Scott Reck	kamp		ORI	<b>ල</b>					
		(	(Name of Person)	-		0				
	Capital Ma	arkets Compliance, LLC								
	(Firm/Company)									
	4060 Pead	chtree Road, Suite D, PME	ad, Suite D, PMB 263  (Address)							
		•	(Address)		, ,	V- 1 17 4				
	Atlanta, G	A 30319	-							
	(City/State and Zip code)									
	For further information concerning this matter, please call:  -10/17/0201044007  ******70.00 ******70.									
	Scott Recka	amp at (at	404 ) 842-0							
	(Name	e of Person)	(Area Code & Da	iytime Telepho	ne Number)	- ·· .				
Name Availabilit <b>y</b>										
Pocument Examiner	Division of Co	ection Sporations	Registrat Division	NG ADDRESS tion Section of Corporation						
indater	409 E. Gaines, Tallahassee, Fl	<u>E 3</u> 2399	P.O. Box Tallahas	k 6327 see, FL 32314						
tier Seliyar		check for the following amount:								
v P. Ver	S70,00 Filingement DC				S87.50 Filing Fe Certificate of St Certified Copy					
V 1 VSI	,			-	<del>-</del> -					

## 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.	Sequoia Ir	rvestments, Inc.		م المراجع الم						
(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.	Illinois		3.	36-40286 <u>7</u> 5						
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)						
4.	June 16	, 1995	5.	perpetual						
	(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")						
6.	upon qua	lification		=						
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")										
(SEE SECTIONS 607.1501, 607.1502 and \$\overline{8}\)17.155, F.S.)										
7.	295 WEST CROSSVILLE RD., SUITE 820 ROSWELL, GA 30075									
	(Principal office address)									
(Current mailing address)										
		(Caron isming)	4441	**************************************						
8.	Broker-dea	aler financial service company		PES A						
٠.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)									
9.	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)									
	Name:	Mr. Larry Owen								
0.	ffice Address:	9480 HIGH GATE DRIVE, # 211	2	<u></u>						
		SARASOTA		, Florida						
		(City)		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.

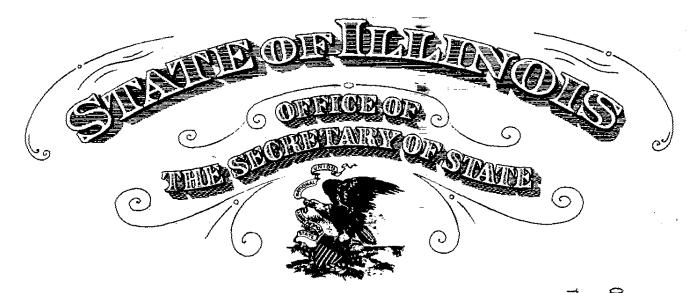
Registered agent's signature)

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.

# 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_ Address: \_\_\_\_ Vice Chairman: Address: \_ Director: Address: Director: \_ Address: \_ **B. OFFICERS** President: \_Mr. David Elgart 295 WEST CROSSVILLE RD., SUITE 820 Address:

ROSWELL, GA 30075 Vice President: \_\_\_ Address: \_ Secretary: Address: Treasurer: Address: \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) David Elgart, President (Typed or printed name and capacity of person signing application)

File Number \_\_\_\_\_ 5838-779-7



### To all to whom these Presents Shall Come, Greeting

I, Jesse White, Secretary of State of the State of Illinois

hereby certify that

SEQUOIA INVESTMENTS, INC., A DOMESTIC
CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JUNE 16,
1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE
BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF
ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE,
IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF



Desse White