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TRANSMITTAL LETTER

03 OCT 14 AM 10: 3						
TO: Registration Section Division of Corporations SEGRETARY OF STAT HALLAHASSEE, FLORIE						
/						
SUBJECT: A OG/CAPI/HL CORPORA 1/OV (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:						
John D. Brasher (Name of Person)						
(Name of Person)						
(Firm/Company)						
2324 SW112th Street						
(Address) (Address) (City/State and Zip code)						
(City/State and Zip code)						
For further information concerning this matter, please call:						
John Brasher at (352) 332-9639 (Name of Person) (Area Code & Daytime Telephone Number)						
(Name of Person) (Area Code & Daytime Telephone Number)						
STREET ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section Division of Corporations Division of Corporations						
409 E. Gaines St. Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following amount:						
□ \$70.00 Filing Fee Certificate of Status □ \$78.75 Filing Fee & Certified Copy S87.50 Filing Fee, Certified Copy						

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CE WITH SECTION 607.150 DREIGN CORPORATION T					AM (0: 3
,					•	
(Enter name of	OGICAPITAL corporation; must include "INc Corp," "Inc," "Co," or "Corp.")	CORPORATED," "C	COMPANY," "(CORPORATION,"	TALLAHASSE	E, FLORI
(If name unava	ilable in Florida, enter alternate	corporate name adop	oted for the purp	ose of transacting bu	siness in Florida)	
2. <u> </u>	Y under the law of which it is in	3	84-1	1563304	, , , , , , , , , , , , , , , , , , , ,	
(State or country	y under the law of which it is in			_		
45	114/96	5	Perp	etual orp. will cease to exis		•
(Dat	te of incorporation)	11.	uration: Year co	orp. will cease to exis	st or "perpetual")	- ·
6.	Upon quali					***
(Date first transa	acted business in Florida. If co (SEE SEC	rporation has not tran FIONS 607.1501, 607			on qualification.")	
7	2324	C SW 112 th	15+,6	ainesville.	FL 3260	7
	(Pri	ncipal office address)				-
	2324 SW	112th St.	Cornes	ville, FL	32607	
	(Cu	rent mailing address)		,		.a. =
8. <u>A 11</u>	(s) of corporation authorized in	s for which	Corpora	tions may	be Former	P
9. Name and <u>str</u>	eet address of Florida regi		. Box or Mail	Drop Box NOT ac	ceptable)	
Name:	John D. Bra		-			
Office Address:	2324 5W 11	2th Street	 -		* • • • •	
	Cainesville (City)		Florida	32607		ı:
	(City)	, - , , 	(Ž	Zip code)	· · · · · · · ·	-+ :· .
Having been nan designated in thi further agree to c	ngent's acceptance: ned as registered agent and is application, I hereby acce comply with the provisions ir with and accept the oblige	pt the appointment of all statutes relati ations of my positio	as registered ove to the prope	agent and agree to er and complete pe	act in this capac	ity. I
	/ (Registered as	gent'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	FILED
Chairman: John D. Brasher Jr.	
Address: 2324 SW 112th Street	03 UCT 14 AM 10: 32
Address: 2324 SW 112th Street Gainesville, FL 32607	SEGRETARY OF STATE LALLAHASSEE, ELORIDA
Vice Chairman:	,,,,,,,
Address:	
Director: LISA K. BRASHER	· · · · · · · · · · · · · · · · · · ·
Address: 2324 SW 112th Street	
Gainesville FL 32607	
Director:	
Address:	
Autros.	
President: John D. Brasher Jr. Address: 2324 SW 112th Street Connesville, FL 32607 Vice President: LISA K. BRASHER Address: 2324 SW 112th Street Connesville, FL 32607	
Secretary: LISA K. BIZASHER	
Address: 2324 5W 112th Street, Gainesville, F	L 32607
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendam to the application listing additional officers an	d/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)	
14. John D. Brasher Jr., President	•
(Typed or printed name and capacity of person signing application)	



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STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

LOGICAPITAL CORPORATION (Colorado CORPORATION) File # 19961065789

was filed in this office on May 14, 1996 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: September 25, 2003

For Validation:

Certificate ID: 712509

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate

SECRETARY OF STATE