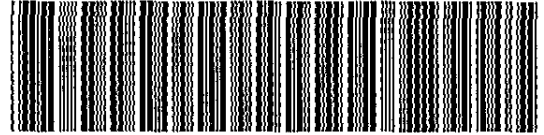


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FILE  
STATE  
ALABAMA, FLORIDA



**30002424453**

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10/30/03--01048--001 \*\*87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W03-33156

Office Use Only

**AL**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

FILED

03 NOV 14 AM 9:22

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

November 7, 2003

SUSAN DUNLAP  
4492 S.W. BRANCH TERRACE  
PALM CITY, FL 34990

SUBJECT: DUNLAP CAPITAL ADVISORS, INC.  
Ref. Number: W03000033156

We have received your document for DUNLAP CAPITAL ADVISORS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 203A00060952

**TRANSMITTAL LETTER**

FILED

03 NOV 14 AM 9: 22

**TO:** Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: Dunlap Capital Advisors, Inc.**

(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:

**Susan Dunlap**

(Name of Person)

**Dunlap Capital Advisors, Inc.**

(Firm/Company)

**4492 S.W. Branch Terrace**

(Address)

**Palm City, Florida 34990**

(City/State and Zip code)

For further information concerning this matter, please call:

**Susan Dunlap**

(Name of Person)

at (772) 219-7445

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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

FILED  
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1. **Dunlap Capital Advisors, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

STATE  
TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

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

3. **65-0712172**

(FEI number, if applicable)

4. **December, 1996**

(Date of incorporation)

5. **Perpetual**

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

6. **Upon Qualification**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **4492 S.W. Branch Terrace, Palm City, Florida 34990**

(Principal office address)

**4492 S.W. Branch Terrace, Palm City, Florida 34990**

(Current mailing address)

8. **Registered Investment Advisor**

(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: **Susan Dunlap**

Office Address: **4492 S.W. Branch Terrace**

**Palm City**

(City)

, Florida **34990**

(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: Brad C. Dunlap

Address: 4492 S.W. Branch Terrace

Palm City, Florida 34990

Vice Chairman: Susan Dunlap

Address: 4492 S.W. Branch Terrace

Palm City, Florida 34990

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Brad C. Dunlap

Address: 4492 S.W. Branch Terrace

Palm City, Florida 34990

Vice President: Susan Dunlap

Address: 4492 S.W. Branch Terrace

Palm City, Florida 34990

Secretary: Susan Dunlap

Address: SAME

Treasurer: Brad C. Dunlap

Address: SAME

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

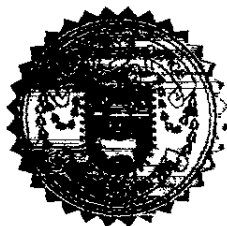
(Typed or printed name and capacity of person signing application)

# Delaware

*The First State*

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DUNLAP CAPITAL ADVISORS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2003.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

2692698 8300

AUTHENTICATION: 2697774

030630698

DATE: 10-20-03