\*\*6900.00

| (Requestor's Name)  (Address)  | 500036248925               |
|--|----------------------------|
| (City/State/Zip/Phone #)   | МЈН                        |
| (Business Entity Name)  (Document Number)  | 06/14/0401009013 **6900.00 |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer: | 05/14/0401046009 **70.00   |
| W04-19832  |                            |

Office Use Only

## TRANSMITTAL LETTER

| TO: Registration Section<br>Division of Corporat  | ions   |  |  |
|---|--|--|--|
| SUBJECT: Sunbridge Capi   | tal, Inc.  |  |  |
|   | (Name of corporation                                     | on - must include suffix)  |  |
| Dear Sir or Madam:  |  |  |  |
| The enclosed "Application by "Certificate of Existence", and transact business in Florida.            | y Foreign Corporation for<br>id check are submitted to i | Authorization to Transact B register the above referenced  | usiness in Florida",<br>foreign corporation to                   |
| Please return all corresponde   | nce concerning this matter                               | r to the following:  |  |
| Robert Mapes  |  |  |  |
|   | (Name of   | f Person)  |  |
| Sunbridge Capita  | il, Inc.   |  |  |
|   | (Firm/Co   | ompany)  |  |
| 6300 Nall Avenu   | e, 2nd Floor   | and a second of the second   |  |
|   | (Add   | ress)  |  |
| Mission, KS 662   | 202  |  |  |
|   | (City/State  | and Zip code)  |  |
| For further information conce   | erning this matter, please o                             | call:  |  |
| Robert Mapes  | at (913  | 279-3254   | (A pre   |
| (Name of Person)  |  | Code & Daytime Telephone   | Number)  |
|   |  |  |  |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 |  | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  |
| Enclosed is a check for the fo  | ollowing amount:   |  |  |
| ■ \$70.00 Filing Fee  | \$78.75 Filing Fee & C<br>Certificate of Status          | J \$78.75 Filing Fee & ☐<br>Certified Copy   | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 21, 2004

ROBERT MAPES SUNBRIDGE CAPITAL, INC. 6300 NALL AVENUE, 2ND FLOOR MISSION, KS 66202

SUBJECT: SUNBRIDGE CAPITAL, INC.

Ref. Number: W04000019832

We have received your document for SUNBRIDGE CAPITAL, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$6,900.00.

Please return 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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 104A00035978

# 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.

| <b>(</b>   | pital, Inc.  | - · · · · · · · · · · · · · · · · · · ·                         |   |   |                 |  |
|--|--|---|---|---|-----------------|--|
| (Enter name o  | f corporation; must include "INCORPORA" "Corp," "Inc," "Co," or "Corp.")   | TED," "COMPANY,   | " "CORPORATION  | ,,  |                 |  |
| , ,  | •  |   |   |   |                 |  |
|  |  |   |   | <b></b> - · ·                             |                 |  |
| (If name unav  | ailable in Florida, enter alternate corporate i  | name adopted for the p  | ourpose of transacting  | business in Fl                            | orida)          |  |
| Kansas   |  | 3. 74-2847968   | <u> </u>  |   |                 |  |
| (State or count  | ry under the law of which it is incorporated   | )   | (FEI number, if appli   | cable)                                    |                 |  |
| . 8/22/97  |  | 5 Perpetual   | a the control of the | <u>.</u>                                  |                 |  |
| (Da  | ate of incorporation)  | (Duration: Yea  | r corp. will cease to e   | xist or "perpet                           | ual")           |  |
| 7/22/98  |  |   | · · · · · · · · · · · · · · · · · · ·   |   |                 | _  |
| (Date first trans  | sacted business in Florida. If corporation ha<br>(SEE SECTIONS 607.  |   |   | upon qualifica                            | tion.")         |  |
| 6200 Nott Asso   |  | .1301, 007.1302 and 8   | 17.105, F.S.)   |   |                 |  |
| . 0500 Nan Ave   | nue, 2nd Floor, Mission, KS 66202 (Principal office  | address)  |   | <u>ar</u>                                 |                 | 2  |
| 6200 Noti Aug  | •  | o uddi oooy   |   |   |                 |  |
| 0300 Nan Aver  | nue, 2nd Floor, Mission, KS 66202 (Current mailing   | address)  | · · · · · · · · · · · · · · · · · · ·   | <u></u>                                   | -               | -  |
|  | (Outroit mann)   | s addition)   |   |   |                 |  |
| . Commercial E   | quipment Leasing   |   | = -   | •   |                 |  |
|  |  |   | ± u   |   |                 |  |
| (Purpose   | e(s) of corporation authorized in home state   | or country to be carrie   | ed out in state of Flori  | da);                                      |                 | ·÷.  |
|  |  |   |   |   | î 70            |  |
| . Name and <u>st</u>   | reet address of Florida registered age   |   |   |   | Nill 70         |  |
|  |  |   |   |   | 6- Milî 70      | granting<br>granting<br>granting<br>granting |
| . Name and <u>st</u><br>Name:  | reet address of Florida registered age   |   |   | acceptable)                               | 0               |  |
| . Name and <u>st</u><br>Name:  | reet address of Florida registered age C T Corporation System 1200 South Pine Island Road  | ent: (P.O. Box or Ma  | ail Drop Box <u>NOT</u>   | acceptable)                               | 11 14 6- NAT 70 |  |
| . Name and <u>st</u>   | reet address of Florida registered age   |   |   | acceptable)                               | 0               | 3 1  |
| Name and <u>st</u> Name:  Office Address:  | reet address of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation (City)  | ent: (P.O. Box or Ma  | ail Drop Box <u>NOT</u>   | acceptable)                               | -9 PH 4:1       | 5.8  |
| Name and st  Name:  Office Address:  Registered  | reet address of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation (City)  agent's acceptance:   | ent: (P.O. Box or Ma  | ail Drop Box <u>NOT</u> 33324  (Zip code)   | acceptable)                               | -9 PH 4: 12     |  |
| Name and st  Name:  Office Address:  O. Registered  Laving been na- esignated in th  | reet address of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation (City)  agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appo   | ent: (P.O. Box or Management: (P.O. Box or Management), Florida | 33324 (Zip code)  r the above stated code agent and agree   | acceptable)  orporation at to act in this | PH 4: 12        | lace   |
| Name and st  Name:  Office Address:  O. Registered  Laving been na-  esignated in the  orther agree to   | reet address of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation (City)  agent's acceptance: med as registered agent and to accept sis application, I hereby accept the application of all status  | ent: (P.O. Box or Management: (P.O. Box or Management), Florida | ail Drop Box NOT  33324 (Zip code)  r the above stated cod agent and agree oper and complete  | acceptable)  orporation at to act in this | PH 4: 12        | lace   |
| Name and st  Name:  ffice Address:  Name:  N | reet address of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation (City)  agent's acceptance: med as registered agent and to accept sis application, I hereby accept the application of all status ar with and accept the obligations of me | ent: (P.O. Box or Management: (P.O. Box or Management), Florida | ail Drop Box NOT  33324 (Zip code)  r the above stated cod agent and agree oper and complete  | acceptable)  orporation at to act in this | PH 4: 12        | lace   |
| Name and st  Name:  Office Address:  O. Registered  Laving been na-  esignated in the  orther agree to   | reet address of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation (City)  agent's acceptance: med as registered agent and to accept sis application, I hereby accept the application of all status  | ent: (P.O. Box or Management: (P.O. Box or Management), Florida | ail Drop Box NOT  33324 (Zip code)  r the above stated cod agent and agree oper and complete  | acceptable)  orporation at to act in this | PH 4: 12        | lace   |
| Name and st Name: Office Address: O. Registered Laving been na- esignated in the urther agree to nd I am familia   | reet address of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation (City)  agent's acceptance: med as registered agent and to accept sis application, I hereby accept the application of all status ar with and accept the obligations of me | ent: (P.O. Box or Management: (P.O. Box or Management), Florida | ail Drop Box NOT  33324 (Zip code)  r the above stated cod agent and agree oper and complete  | acceptable)  orporation at to act in this | PH 4: 12        | lace   |

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:                            | List Attached  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
| Director:                            |  |
| Address:                             |  |
|                                      |  |
| Director:                            |  |
| Address:                             |  |
|                                      |  |
| B. OFFICERS                          |  |
| President:                           | List Attached  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
| Address:                             | · · · · · · · · · · · · · · · · · · ·  |
| <del></del> -                        |  |
| Secretary:                           |  |
| Address:                             |  |
| Treasurer:                           |  |
| Address:                             |  |
|                                      |  |
| NOTE: If necessary, yo               | bu may attach an addendum to the application listing additional officers and/or directors. |
| 13. Robert                           | re of Director or Officer listed in number 12 of the application)                          |
| (Signatu<br>14. Robert Mapes - Chief |  |
|                                      | (Typed or printed name and capacity of person signing application)                         |

#### SUNBRIDGE CAPITAL

### DIRECTORS:

| <u>Name</u>          | Address                               |       |
|----------------------|---------------------------------------|-------|
| Michael J. Ellis     | 6300 Nall Ave. Ste. 200, Mission, Ks. | 63202 |
| Steven F. Paul       | 6300 Nall Ave. Ste. 200, Mission, Ks. | 63202 |
| Douglas E. Moskowitz | 6300 Nall Ave. Ste. 200, Mission, Ks. | 63202 |
| Adrian Weber         | 6300 Nall Ave. Ste. 200, Mission, Ks. | 63202 |

#### **OFFICERS**

| <u>Name</u>          | Address                                     | Office                              |
|----------------------|---|-------------------------------------|
| Michael J. Ellis     | 6300 Nall Ave. Ste. 200, Mission, Ks. 63202 | President                           |
| Steven F. Paul       | 6300 Nall Ave. Ste. 200, Mission, Ks. 63202 | Vice President &<br>Asst. Secretary |
| Douglas E. Moskowitz | 6300 Nall Ave. Ste. 200, Mission, Ks. 63202 | Vice President & Asst. Secretary    |
| Adrian Weber         | 6300 Nall Ave. Ste. 200, Mission, Ks. 63202 | General Manager                     |
| Robert Mapes         | 6300 Nall Ave. Ste. 200, Mission, Ks. 63202 | Chief Financial<br>Officer          |
| Jeffrey D. Rosen     | 6300 Nall Ave. Ste. 200, Mission, Ks. 63202 | Asst. Secretary                     |
| Stephen S. Sparks    | 6300 Nall Ave. Ste. 200, Mission, Ks. 63202 | Asst. Secretary                     |

ACCEPTANCE OF APPOINTMENT

RE:

Sunbridge Capital, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: May 11, 2004

C T CORPORATION SYSTEM

Assistant Vice President

# STATE OF KANSAS

OFFICE OF SECRETARY OF STATE RON THORNBURGH



# To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

SUNBRIDGE CAPITAL, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 22nd day of August, A.D. 1997 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.



In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
26th day of April, A.D. 2004

RON THORNBURGH SECRETARY OF STATE