

F-058000005508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

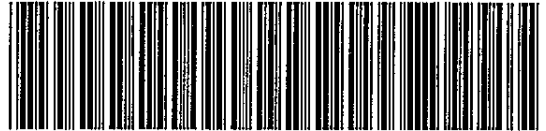
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CLERK OF STATE
TALLAHASSEE FLORIDA

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9/27/05
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCM 323, 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:

LOUIS M. MEINERS, JR.

(Name of Person)

ADVOCATE CONSULTING

(Firm/Company)

9229 DELEGATES ROW, SUITE 245

(Address)

INDIANAPOLIS IN 46240

(City/State and Zip code)

For further information concerning this matter, please call:

YOLANDA ROBINSON at (317) 581-4070

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. LCM 323, INC

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

(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. 20-3385098

(FEI number, if applicable)

4. AUGUST 30, 2005

(Date of incorporation)

5. PERPETUAL

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

6. SEPTEMBER 6, 2005

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 15310 AMBERLY DRIVE, SUITE 220, TAMPA, FL 33647

(Principal office address)

15310 AMBERLY DRIVE, SUITE 220, TAMPA, FL 33647

(Current mailing address)

8. EQUIPMENT LEASING

(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 NOT acceptable)

Name: LOUIS M. MEINERS, JR.

Office Address: 2640 GOLDEN GATE PARKWAY SUITE 205

NAPLES

(City)

, Florida 34105

(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.

Louis M. Meiners, Jr.

(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:

SECRET
OFFICE OF STATE
ADMINISTRATIVE SERVICES
TALLAHASSEE, FLORIDA

05 SEP 16 PM 2:44

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: D. SCOTT LUTTRELL

Address: 15310 AMBERLY DRIVE, SUITE 220

TAMPA, FL 33647

Director: _____

Address: _____

B. OFFICERS

President: D. SCOTT LUTTRELL

Address: 15310 AMBERLY DRIVE, SUITE 220

TAMPA, FL 33647

Vice President: _____

Address: _____

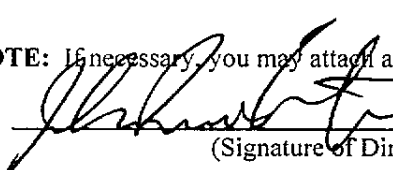
Secretary: DAVID A. BROWNLEE

Address: 15310 AMBERLY DRIVE, SUITE 220, TAMPA, FL 33647

Treasurer: JOHN R. GARTHWAITE

Address: 15310 AMBERLY DRIVE, SUITE 220, TAMPA, FL 33647

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. JOHN R. GARTHWAITE, TREASURER
(Typed or printed name and capacity of person signing application)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

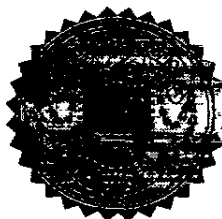
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LCM 323, 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 THIRTIETH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LCM 323, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2005.



4023206 8300

050713134

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4125662

DATE: 08-30-05