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Groth & Associates Attorneys at Law

Timothy W. Longacre, Esq.
4032 Secor Rd., Suite A
Toledo, OH 43623
Telephone: 419/930-3030
Facsimile: 419/930-3032

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Stevin J. Groth, Esq.
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March 2, 2006

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

Re: Capital City Financial Consultants, Ltd.

Dear Sir/Madam:

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida." Also enclosed please find payment in the amount of \$70.00 to cover the filing fees. For your information, this Corporation is already registered with the Florida Department of Financial Institutions as a Mortgage Broker Business (MBB0601247).

Please do not hesitate to contact me should you have any questions.

Very truly yours,

GROTH & ASSOCIATES



Timothy W. Longacre

COVER LETTER

SECRET FILE
DIVISION
06 MAR -6 AM 9:50

TO: New Filing Section
Division of Corporations

SUBJECT: Capital City Financial Consultants, Ltd., 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:

Timothy W. Longacre, Esq.

(Name of Person)

Groth & Associates

(Firm/Company)

4032 Secor Rd., Suite A

(Address)

Toledo, Ohio 43623

(City/State and Zip code)

For further information concerning this matter, please call:

Timothy W. Longacre, Esq. at (419) 930-3030

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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.

1. Capital City Financial Consultants, Ltd., INC.

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

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

2. Ohio

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

3. 34-1965697

(FEI number, if applicable)

4. September 13, 2001

(Date of incorporation)

5. Perpetual

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

6. January 23, 2006

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 550 N. Reo St., Suite 300, Tampa, FL 33609

(Principal office address)

Same

(Current mailing address)

8. Mortgage Loan Origination (Florida No: MBB0601247)

(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: Joshua Young

Office Address: 550 N. Reo St., Suite 300

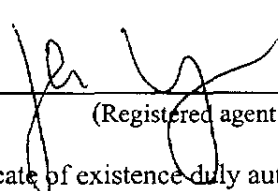
Tampa, Florida 33609

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: n/a (Limited Liability Company - no directors)

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Philip Wasserstrom, CEO

Address: 4064 Monroe St.
Toledo, OH 43606

Vice President: Mohamed Maaraba, President

Address: 4064 Monroe St.
Toledo, OH 43606


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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)

**United States of America
State of Ohio
Office of the Secretary of State**

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I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CAPITAL CITY FINANCIAL CONSULTANTS, LTD., an Ohio Limited Liability Company, Registration Number 1252159, was organized within the State of Ohio on September 13, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of March, A.D. 2006*

J. Kenneth Blackwell

Ohio Secretary of State