

F99000003953

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CAPITAL INVESTMENT GROUP 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:

GARY W. BOYCE
(Name of Person)
CAPITAL INVESTMENT GROUP INC.
(Firm/Company)
P.O. Box 366
(Address)
DELRAY BEACH FLORIDA 33447
(City/State/Zip)

700002910327--5
-06/21/99-01086-002
*****87.50 *****87.50

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DIVISION OF CORPORATIONS
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Should you need to call someone concerning this matter, please call:

GARY W. BOYCE at (561) 733-9574
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name	OC 8.2
Available	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgment	
W. P. Verifier	

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 22, 1999

GARY W. BOYCE
P.O. BOX 366
DELRAY BEACH, FL 33447

SUBJECT: CAPITAL INVESTMENT GROUP INC.
Ref. Number: W99000014670

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We have received your document for CAPITAL INVESTMENT GROUP INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 899A00037506



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 22, 1999

GARY W. BOYCE
P.O. BOX 366
DELRAY BEACH, FL 33447

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Tammi Cline
Document Specialist

Letter Number: 899A00037506

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

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I, the undersigned GARY W. BOYCE, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

CAPITAL GROUP INVESTMENT, INC.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Nevada,

was duly adopted on July 30, 19 99.

Be it resolved, that Capital Investment Group, Inc.,
(Corporate Name)

organized and existing in the State of Nevada, hereby adopts the name

Capital Group Investment, Inc. for use in Florida.

Dated: 7/30/99

GARY W. BOYCE
Signature of either Chairman, Vice Chairman or any officer

GARY W. BOYCE
Type or print name

**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 INVESTMENT GROUP INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

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

3. 88-0402780 X
(FEI number, if applicable)

4. 8/26/98
(Date of incorporation)

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

6. 6/11/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. CAPITAL INVESTMENT GROUP INC.

P.O. BOX 366 DELRAY BEACH FL 33447
(Current mailing address)

8. INVESTMENT BANKING
(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: GARY BOTCE

Office Address: 5255 N. Federal Hwy
Boca Raton, Florida, 33487
(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.

[Signature]
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: GARY W. BOYCE

Address: P.O. Box 366

DELRAY BEACH FLORIDA 33447

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: GARY W. BOYCE

Address: P.O. Box 366

DELRAY BEACH FLORIDA 33447

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

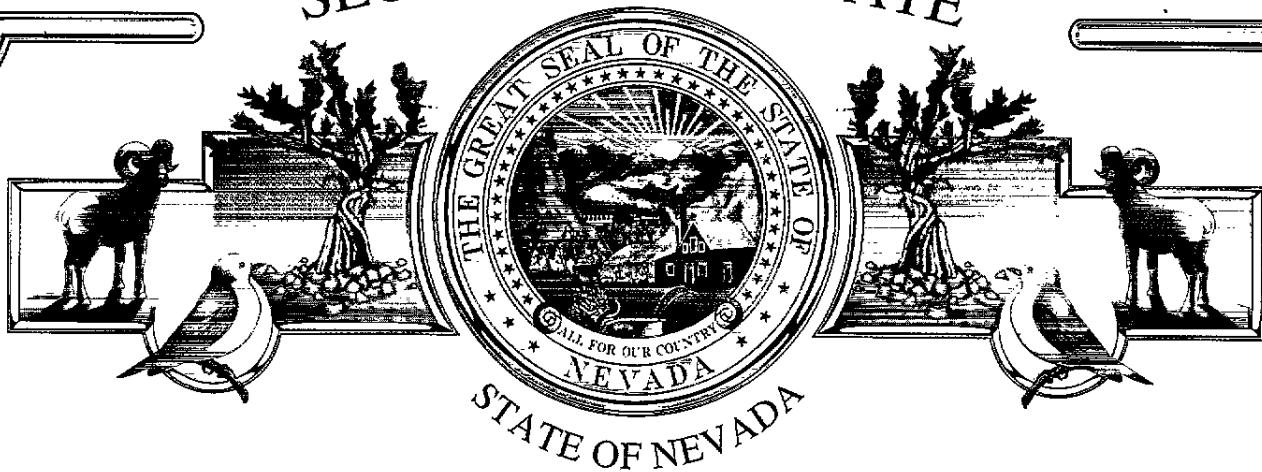
13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GARY W. BOYCE PRESIDENT

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CAPITAL INVESTMENT GROUP, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 26, 1998, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on June 11, 1999.



Dean Heller

Secretary of State

By

J. Musselman

Certification Clerk