## L00000008542

| FILINGS, INC. TERESA ROMAN       |  |
|----------------------------------|--|
| (Requestor's Name)               | -  |
| 2805 LIΠLE DEAL ROAD             |  |
| (Address)                        |  |
| TALLAHASSEE, FLORIDA 32308 385-6 | OFFICE USE ONLY                              |
| (City, State, Zip) (Phone #)     |  |
| •                                | <b>MJH</b> 800003328528<br>-07/20/0001001010 |

\*\*\*\*130.00 \*\*\*\*130.00

| 2 | 1. <u>Coffe</u> (Corpore) 2. (Corpore) 3. | ME(S) & DOCUMENT NUMBER(S) (if known):  April 1   | 00 JUL 19 PM 4: 33 | SECRETARY OF STATE         |
|---|---|---|--------------------|----------------------------|
| 4 | (Corporation Name) (Document #)           |   |                    | S                          |
|   | <del></del>                               | Pick up time Certified Copy   |                    |                            |
|   | Mail out                                  | Will wait Photocopy Certificate of Status  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent | ار 00              | D<br>T                     |
|   | NEW FILINGS                               | AMENDMENTS  | JUL 19             | R<br>C<br>K<br>C<br>K<br>C |
|   | Profit                                    | Amendment Sg  | 9<br>R             |                            |
|   | NonProfit                                 | Resignation of R.A., Officer/Director   |                    |                            |
| 1 | Limited Liability                         | Change of Registered Agent  |                    | M. Land                    |
|   | Domestication                             | Dissolution/Withdrawal  | ယ္ထ                |                            |
|   | Other                                     | Merger  |                    |                            |
|   | OTHER FILINGS                             | REGISTRATION/ QUALIFICATION   |                    |                            |
|   | Annual Report                             | Foreign   |                    |                            |
|   | Fictitious Name                           | Limited Partnership   |                    |                            |
| L | Name Reservation                          | Reinstatement   |                    |                            |
|   |   | Trademark   |                    |                            |
|   |   | Examiner's Ini  | iais               |                            |

Other

CR2E031(10/92)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 8. If limited liability company is a manager-managed company, check here 🗾 9. The usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| Cope Capital Management, LLC.  |
|--|
| 2. The name and the Florida street address of the registered agent and office are:   |
| DAUID RUSSELL COPE<br>(Name)   |
| S300 NORTH PORT ROYALE DR, SUITEZ48 Florida street address (P.O. Box NOT ACCEPTABLE) |
| Fort Caudedole FL 33308<br>City/State/Zip  |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(Signature)

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COPE CAPITAL MANAGEMENT, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2000.

AND I\_DO HEREBY FURTHER CERTIFY THAT THE SAID "COPE CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

DATE:

- AUTHENTICATION:

0564249

07-18-00