TEL: (770) 410-1555 FAX: (770) 410-3281

June 23, 2000

### VIA FEDERAL EXPRESS

Registration Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 300003305163--9 -08/28/00--01147--002 \*\*\*\*130.00 \*\*\*\*130.00

Re: Application for Certificate of Authority of CAPITAL DIRECT, L.L.C.

#### Dear Sir or Madam:

We hereby deliver to you the following documents:

- One original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida of Capital Direct, L.L.C.;
- 2. The Certificate of Designation of Registered Agent/Registered Office
- 3. An original Certificate of Existence, issued by the Georgia Secretary of State; and
- 4. Our check in the amount of \$130.00 payable to the Florida Department of State in payment of the organization filing fee, designation of registered agent filing fee, and issuance of a Certificate of Status.

We respectfully request that you file the above documents and return a Certificate of Status to our office at the address listed above. If you should have any questions, please feel free to contact this office at (770) 410-1555.

Thank you for your prompt attention to this matter.

Sincerely,

Briskin & Associates, L.C.

Alan M. Briskin

Enclosures

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## 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: (Name of foreign limited liability company) Georgia (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. December 1 1999 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) Upon authorization (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 1001 Cambridge Square, Suite C 30004 Alpharetta, GA (Street address of principal office) 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: Patricia Meding, 1001 Cambridge Square, Suite C, Alpharetta 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: engaging in financial consulting as well as any other purpose for which limited liability companies may be authorized to transact business pursuant to Florida law.

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

Alan M. Briskin, Esq.,

# 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.

1.	The name of the Limited Liability Company is:
	Capital Direct, L.L.C.
2.	The name and the Florida street address of the registered agent and office are:
	Patricia A. Meding (Name)
	Treasure Cay, 130 Coco Plum Drive, #304 Florida street address (P.O. Box NOT ACCEPTABLE)
	Marathon FL 33050 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)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

IO JUN 26 AM IO: 49

FILED

### **Secretary of State**

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 001660891

CONTROL NUMBER : K950908

DATE INC/AUTH/FILED: 12/01/1999

JURISDICTION : GEORGIA

PRINT DATE : 06/14/2000

FORM NUMBER : 211

BRISKIN & ASSOCIATES L.C. ALAN M. BRISKIN 1001 CAMBRIDGE SQUARE STE D ALPHARETTA, GA 30004

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### CAPITAL DIRECT, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State