633 North State Street (39202) Post Office Box 427 Jackson, Mississippi 39205-0427 Fax (601) 949-4804 www.watkinsludlam.com

January 14, 2002

Gulfport, Mississippi Jackson, Mississippi Olive Branch, Mississippi

Emily Merrill Paralegal Resident in Jackson Direct Dial (601) 949-4715 Main (601) 949-4900 emerrill@watkinsludlam.com

Office of the Florida Department of State Division of Corporations Registration Section P. O. Box 6327 Tallahassee, FL 32314

****125.00 ****125.00

Re: Lawrence A. Cox Financial Investments, LLC

Dear Sir or Madam:

In connection with the registration of the referenced Delaware limited liability company to transact business in Florida, enclosed for filing in the records of the Florida Department of State are originals and duplicate copies of the following:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida:
- 2. Certificate of Designation of Registered Agent/Registered Office; and
- 3. Certificate of Good Standing of the Lawrence A. Cox Financial Investments, LLC, issued by the Delaware Secretary of State on January 9, 2002.

Also enclosed are firm check in the amount of \$125.00 to cover the total filing fees and a preaddressed envelope for returning the stamped "Filed" copy as evidence of this filing.

If there are any questions regarding the enclosed, please contact me at (601)949-4715. Thank you in advance for your prompt attention to this matter.

Sincerely,

WATKINS LUDLAM WINTER & STENNI

/em Enclosures

cc: David B. Grishman, Esq.

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:

1	(Name of foreign lin	nited liability company)			
Delaware	3.	Applied for			
(Jurisdiction under the law of which foreig company is organized)	in limited liability	(FEI number, if appl	cable)		
December 26, 2001	5	Perpetual			
(Date of Organization)		(Duration: Year limited liability co exist or "perpetual")	mpany will	cease	to
Not applicable					-
(Date first transacted busing	ness in Florida. (See se	ections 608.501, 608.502, and 817.15	5, F.S.)	-	•
2260 Flowood Drive, Jackson, MS 3921	12				
P. O. Box 1144, Jackson, MS 39215-114	44		_		
	(Street address of	principal office)			
. If limited liability company is a ma	anager-managed c	ompany, check here 🗷		-	
The usual business addresses of th	e managing memb	ers or managers are as follows:	·	_	
2260 Flowood Drive, Jackson, MS 392	12		SECF	02	
P. O. Box 1144, Jackson, MS 39215-11	.44		SVIII	I NVC	
				7	
		4	777	P	
			[O]	ب	
				<u>ယ</u>	
). Attached is an original certificate of exister	ice, no more than 90 da	avs old, duly authenticated by the offici	al having cus	_	freco
e jurisdiction under the law of which it is orga	anized. (A photocopy	is not acceptable. If the certificate is in	a foreign lang	zuage,	a
anslation of the certificate under oath of the tra	anslator must be submi	tted.)			
1 Notice of herein	1 1 . 1	Manager Manager	_, _ 6!		
1. Nature of business or purposes to	be conducted or p	promoted in Florida: Manageme	nt of investm	ieni as	seti
Ma	- 01		· ·		—·
	un Slow				
Signature of a r	nember or an auth	orized representative of a mem, the execution of this document constitu	ber.		

Mina 5. Jones
Typed or printed name of signee

in

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.

FLORIDA.	 -	 -	

2.	The name and	the Florida street	address	of the registered	agent and	office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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.

CT Corporation System

(Signature)

1. The name of the Limited Liability Company is:

Lawrence A. Cox Financial Investments, LLC

Jonathan Miles-Asst. Secy.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAWRENCE A. COX FINANCIAL INVESTMENTS, 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 NINTH DAY OF JANUARY, A.D. 2002.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1548265

DATE: 01-09-02

3473751 8300

020013965