

**INVESTAR**

May 21, 2002

**MD2000001386**

Via US MAIL

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

900005599389--4  
-05/23/02--01030--013  
\*\*\*\*125.00 \*\*\*\*125.00

**Re: Qualification of Legacy Management Partners, LLC in Florida**

Dear Sir:

Please find enclosed an Application for Authorization for a Foreign Limited Liability Company to Transact Business in Florida and the Certificate of Designation of Registered Agent along with a check for the \$125 qualification fee and the Good Standing Certificate from the state of Delaware.

Please send confirmation to:

Sean J. Coleman  
5871 Glenridge Drive  
Suite 475  
Atlanta, Georgia 30328

Do not hesitate to call me with any questions at 404-303-8468. Thank you for your assistance.

Best regards.

Very truly yours,



Sean J. Coleman

cc: Mr. Kyle Bollman

FILED  
2002 MAY 23 PM 4:11  
DIV. OF CORPORATIONS  
TALLAHASSEE, FLORIDA

INVESTAR HOLDINGS, INC.

5871 GLENRIDGE DRIVE SUITE 475 ATLANTA, GA 30328

P.O. BOX 28760 ATLANTA, GA 30358

(404) 303-8468 (800) 872-7271 (404) 851-9053 FAX

J. BRYAN MAY 31 2002

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER ~~FOREIGN~~ <sup>2002</sup> ~~LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:~~

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TALLAHASSEE, FLORIDA

1. LEGACY MANAGEMENT PARTNERS, LLC  
(Name of foreign limited liability company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. MAY 9, 2000  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3512 McCLAY BLVD, SOUTH, TALLAHASSEE, FL 32312

\_\_\_\_\_  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

JON C. THOMAS - 3512 McCLAY BLVD, SOUTH, TALLAHASSEE, FL 32312 - MANAGER

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: \_\_\_\_\_

BUSINESS MANAGEMENT SERVICES

Sean J. Coleman  
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.)

SEAN J. COLEMAN, AUTHORIZED REPRESENTATIVE

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.

1. The name of the Limited Liability Company is:

LEGACY MANAGEMENT PARTNERS, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

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

Tallahassee

FL 32301

(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.*

NRAI Services, Inc.

By: Ed Hand

(Signature)

ED HAND, ASST SECRETARY

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

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TALLAHASSEE, FLORIDA

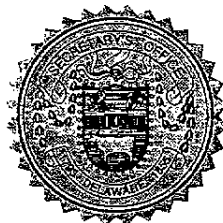
# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEGACY MANAGEMENT PARTNERS, 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 FOURTEENTH DAY OF MAY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY MANAGEMENT PARTNERS, LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2000.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3225694 8300

AUTHENTICATION: 1776080

020305475

DATE: 05-14-02