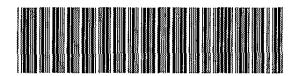
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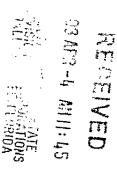
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FILED



#### **CT** CORPORATION

April 4, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 5823822 SO

Customer Reference 1: 98250-00

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

SESP Partners, LLC (DE) Registration Florida

SESP Partners, LLC (DE) Certificate of Status-Foreign Florida

SESP Partners, LLC (DE) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

#### CT CORPORATION

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina\_Forsman@cch-lis.com



660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

IN COI	MPLIANCE WITH SECTION 608.503, FLOR	IDA STATUTES, THE	E FOLLOWING IS SUBMITTE	D TO REGISTER A PORI	EIGN
	ED LIABILITY COMPANY TO TRANSACT BUS				)
1.	SESP PARTNERS, LLC		tantu.	20	
-	(Nam	e of foreign limited l		- E	
2	DELAWARE sdiction under the law of which foreign limit	3	51-0455121 (FEI number, if app	7	. , = *** *
(Juri	sdiction under the law of which foreign limit company is organized)	ted liability	( FEI number, if app	licable)	
4.	APRIL 1, 2003	5	PERPETUAL		
	(Date of Organization)	(D	PERPETUAL uration: Year limited liability of exist or "perpetual	company will cease to ")	
6.	APRIL 1. 2003				,
·· —	(Date first transacted business in	Florida. (See section	s 608.501, 608.502, and 817.1	55, F.S.)	
7.	201 ST. CHARLES AVENUE, NEW	ORLEANS, LOUISL	ANA 70170		
<i>'</i> ·		<u> </u>	*	<u></u>	. <u> </u>
			·· <u>ze</u> ·· <u>1</u>		
	(\$	street address of princ	cipal office)		
8. If 1	limited liability company is a manage	er-managed compa	any, check here 🗌		
a zet.		- 6 (1	t	C-11	
9. IN	e name and usual business addresses	of the managing	memoers or managers are	as ionows:	
E	NHANCED CAPITAL PARTNERS, LLC 2	01 ST. CHARLES A	VE., SUITE 3700, NEW ORL	EANS, LA 70170	
					21
_	**See Attached Schedule	"A"			÷.
_			<u></u>	<u> </u>	:
					, راونے،
10. At	ttached is an original certificate of existence, n	o more than 90 days o	old, duly authenticated by the of	ficial having custody of rec	cords in
	e jurisdiction under the law of which it is org			•	
	anslation of the certificate under oath			5 0	<b>J</b> .
11. N	lature of business or purposes to be co	onducted or prom	oted in Florida: To engag	e in any lawful activity	
fa	r which an LLC may be formed under Florig	As A m			
_10	which are the may be formed under rion	111-111		<u> </u>	
	$\mathcal{A}(t)$	/lik/W			
	Signature of a memi	per or an authorize	ed representative of a me	mber.	
	(In accordance with section	n 608.408(3), F.S., the	execution of this document consti		
	-		the facts stated herein are true.)		
	MICHAEL A. G. KOR	d or printed name	<del></del>		- 4-1-
	r ype	u or primeu name	or signee		

Schedule "A"

To Application for Authorization to Transact Business in Florida

Leath Consulting, LLC

106 East College Avenue, Highpoint Center, Suite 900,

Florida 32301

Paul P. Sanford &

Associates, P.A. 106 East College Avenue, Highpoint Center, Suite 900, Talkahassee,

Florida 32301

Gary Guzzo 106 East College Avenue, Highpoint Center, Suite 900, Tallahassee,

Florida 32301

Ray Neff 106 East College Avenue, Highpoint Center, Suite 900, Tallahassee,

Florida 32301

Steve Uhlfelder &

Associates 106 East College Avenue, Highpoint Center, Suite 900, Tallahassee,

Florida 32301

### 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.

SESP PARTNERS, LLC						
2.	The name and the Florida street add	dress of the registered agent and office ar				
	C T Corporation System					
		(Name)				
	c/o C T Corporat	tion System, 1200 South Pine Island Road				
	Florida stre	Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE)				
	Plantation,	FI 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.

CIT Corporation System

(Signature)

Jennifer K. Miller Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SESP 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 FIRST DAY OF APRIL, A.D. 2003.



Warriet Smith Windson Socretory of State

3642777 8300 AUTHENTICATION: 2342820

030213240 DATE: 04-01-03