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Writer's e-mail: oyounkins@atmlawfirm.com

October 16, 2003

Florida Secretary of State Registration Section Div. of Corporations 409 E. Gaines Street Tallahassee, FL 32399 VIA FEDERAL EXPRESS

RE: Application for Certificate of Authority and Designation of Registered Agent form for BMT Capital, LLC

Dear Sir or Madam:

Enclosed please find the Application for Certificate of Authority and the Designation of Registered Agent form for BMT Capital, LLC. The original application and the original registered agent form and one copy of each are enclosed. An original certificate of existence, issued by the Georgia Secretary of State's office, is also included with this package. In addition, enclosed is a check for \$125, payable to the Florida Secretary of State. This amount covers the \$100 filing fee for the application and the \$25 fee for the registered agent form. Please return a letter of acknowledgement of the receipt of the application and the registered agent form to the undersigned. We have enclosed a return Federal Express envelope for that purpose.

Should you have any questions regarding this filing or the enclosed documents, or if you require additional information, please feel free to contact the undersigned.

Thank you for your prompt attention to this matter.

Very truly yours,

for Andersen, Tate, Mahaffey & McGarity, P.C.

**Enclosures** 

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA 03 0CT 21 AM 10: 20

IN COMPLIANCE WITH SECTION 608.5 LIMITED LIABILITY COMPANY TO TRANS	103, FLORIDA STATUTE SACT BUSINESS IN THE	S THE FOLLOWING IS SUBMITTED TO REGISTER A FURE STATE OF FLORIDA: I ALLAHAS SEE, FLORI
, BMT Capital, LLC		Figure 57F, FLORI
.,	(Name of foreign lin	nited liability company)
2. Georgia		01-0739163
(Jurisdiction under the law of which for company is organized	reign limited liability d)	(FEI number, if applicable)
4. July 24, 2002	5.	Perpetual
(Date of Organization)		(Duration: Year limited liability company will cross to exist or "perpetual")
5. Upon Qualification		
(Date first transacted b	usiness in Florida. (See s	sections 608.501, 608.502, and 817.155, F.S.)
7. 4390 Powers Ferry Road		
Atlanta, Ga. 30327		
	(Street address o	f principal office)
3. If limited liability company is a	manager-managed c	company, check here 🗹
The name and usual business ac	dresses of the manag	ging members or managers are as follows:
Brad Zeitlin 4390 Powers i	Ferry Road, Atlanta	a, Ga. 30327
Attorboal is on oxidinal accidiosts of mil	omen no monthe on of	lays old, duly authenticated by the official having custody of record
		copy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath	• •	
1. Nature of husiness or nurnoses	to be conducted or t	promoted in Florida: Real Estate
	<u>^</u>	
	<del>                                     </del>	
13	$X \supset X$	
		norized representative of a member.
(In accordance w	rith section 608,408(3), F.S.	in, the execution of this document constitutes  y that the facts stated herein are true.)
Brad Zeitli		·
	Typed or printed r	name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED 03 007 21 AM 10: 20

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

. The name of the Limited Liability Company is:  BMT Capital, LLC					
	CT Corporation Sy	estem			
		(Name)			
	1200 South Pine Is	sland Rd.			
	Florida stre	et address (P.O. Box NOT ACCEPTABLE)			
	Plantation,	FL 33324			

flaving 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 applications of my position as registered agent as provided for in Chapter 608, F.S.

(Signature)

Shelley Savage Vice President

\$ 100.00 Filing Fee for Application

\$ 25,00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

**Secretary of State** 

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

DATE INC/AUTH/FILED: 07/24/2002 FILED

JURISDICTION PRINT DATE

GEORGET 3005 7 21 1110: 20

FORM NUMBER : 211

LATE SHESSEE, FT ORINA

ANDERSEN, TATE, MAHAFFEY & MCGARITY, P.C. SALLIE GILLASPIE 1505 LAKES PARKWAY, SUITE 100 LAWRENCEVILLE, GA 30043

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary e of Georgia, do hereby certify under the seal of my off; int date

is in compliance egistration provisions of Title 14 of the

Said entity was ormed. has hot filed articles of simplar document with the or was authorized to transact business in geor dissolution, cent Office of the Se

This certificate the above-named entity as of the print de te abov er or not a notice of intent to dissolve atement of commencement of winding up or an filed or is pending with the Secretary of Stat

information issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20031016140902060



Cathy Cox Secretary of State