

M04000001830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000032435810

05/13/04--01012-000 **155.00

04 MAY 13 AM 9:29
DIVISION OF CORPORATION

FILED
04 MAY 13 PM 12:31
SEALING UNIT OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP

5/13/04 *Almder*

FILED
04 MAY 13 PM 12:31
TALLAHASSEE, FLORIDA

☒ CERTIFIED COPY

CUS

PHOTO COPY

☒ FILING *LLC*

1.) *Capital City Partners Southeast, LLC*
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

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 A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Capital City Partners Southeast, LLC
(Name of foreign limited liability company)
2. State of Ohio 3. 20-0299096
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. October 14, 2003 5. Perpetual
(Date of Organization) (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. 1550 Madruga Avenue, Suite 304
Coral Gables, Florida 33146
(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:

Managers: Joseph Smith - 1550 Madruga Ave., Suite 304
Coral Gables FL. 33146
Timothy Crawford - 1335 Dublin Road, Suite 207-B
Columbus, Ohio 43215

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: Investment Banking

Joseph A. Smith
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.)

Joseph A. Smith
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:

Capital City Partners Southeast, LLC

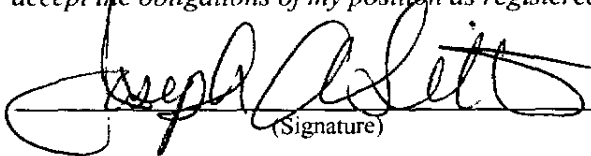
2. The name and the Florida street address of the registered agent and office are:

Joseph A. Smith
(Name)

1550 Madruga Avenue, Suite 304
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Coral Gables, FL 33146
(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)

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CAPITAL CITY PARTNERS SOUTHEAST, LLC, an Ohio Limited Liability Company, Registration No. 1417032, was organized within the State of Ohio on October 14, 2003, is currently in FULL FORCE AND EFFECT upon the records of this office.

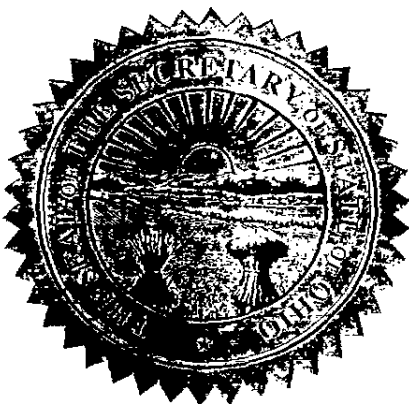


*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 10th day of May, A.D. 2004.*

J. Kenneth Blackwell
Ohio Secretary of State

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CAPITAL CITY PARTNERS SOUTHEAST, LLC, an Ohio Limited Liability Company, Registration No. 1417032, was organized within the State of Ohio on October 14, 2003, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 10th day of May, A.D. 2004.*

J. Kenneth Blackwell
Ohio Secretary of State