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| (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: |  |  |  |
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DIVISION OF CHICARDS



#### **CT** CORPORATION

October 20, 2004

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

ALLAND PARSEL FLORE

Re:

Order #: 6214188 SO

Customer Reference 1: Florida Qualification

Customer Reference 2: Davison

Dear Department of State, Florida:

Please obtain the following:

Affinity Capital, LLC (NV) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie\_Bryan@cch-lis.com

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

#### TRANSMITTAL LETTER

SCORPE OF S. S.S. TO: Registration Section **Division of Corporations** Affinity Capital LLC. SUBJECT: (Name of Limited Liability Company) The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. Please return all correspondence concerning this matter to the following: Brian Davison (Name of Person) Affinity Capital LLC. (Firm/Company) 1301 North Green Valley Parkway Suite 130 (Address) Henderson, Nevada 89074 (City/State and Zip Code) For further information concerning this matter, please call: Brian Davison (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations 409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314 Enclosed is a check for the following amount: **፟Zi** \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

### 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 TRANSACTER ISINESS IN THE STATE OF FLORIDA:

| Affinity Capital LLC.   | س تحقیق استان ا   |
|---|---|
| (Name of Foreign  | n Limited Liability Company)  |
| Nevada  | 3. 02-0649220 美元 23   |
| (Jurisdiction under the law of which foreign limited company is organized)  | d liability 3. O2-0649220 FF 6 FEI number, if applicable)   |
| • • •   | Inometrally   |
| (Date of Organization)  | 5 "perpetual" To C  |
| (2000 01 019  | exist or "perpetual")   |
| none  | 7   |
| (Date first transacted bus<br>(See sections 608.501 & 6   | siness in Florida, if prior to registration.)<br>08.502 F.S. to determine penalty liability)  |
| 1301 North Green Valley Parkway Suite 130   |   |
|   |   |
| Henderson, Nevada 89074   |   |
| (Stree  | et Address of Principal Office)   |
| . If limited liability company is a manager-  | -managed company, check here  |
|   | · · · · · · · · · · · · · · · · · ·   |
| The name and usual business addresses of  | f the managing members or managers are as follows:  |
| Manager: Brian Davison  |   |
|   |   |
|   | way Suite 130 Henderson Nevada 89074  |
| Address: 1301 North Green Valley Parks  |   |
| Address: 1301 North Green Valley Park   |   |
| Address: 1301 North Green Valley Park   |   |
| Attached is an original certificate of existence, no mo   | ore than 90 days old, duly authenticated by the official having custody of recor  |
| O. Attached is an original certificate of existence, no mo<br>e jurisdiction under the law of which it is organized. (A   | A photocopy is not acceptable. If the certificate is in a foreign language, a   |
| O. Attached is an original certificate of existence, no mo  | A photocopy is not acceptable. If the certificate is in a foreign language, a   |
| O. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A anslation of the certificate under oath of the translator materials.)  | A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)   |
| O. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A anslation of the certificate under oath of the translator materials.)  | A photocopy is not acceptable. If the certificate is in a foreign language, a   |
| O. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A anslation of the certificate under oath of the translator materials.)  | A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)   |
| O. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A anslation of the certificate under oath of the translator materials.)  | A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)  Inducted or promoted in Florida: Mortgage Loan Broker  |
| O. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A anslation of the certificate under oath of the translator mature of business or purposes to be con   | A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)   |
| O. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A anslation of the certificate under oath of the translator materials. Nature of business or purposes to be con Signature of a member (In accordance with section 6) | A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)  Inducted or promoted in Florida: Mortgage Loan Broker  The or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes |
| O. Attached is an original certificate of existence, no more jurisdiction under the law of which it is organized. (A anslation of the certificate under oath of the translator materials. Nature of business or purposes to be con Signature of a member (In accordance with section 6) | A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)  Inducted or promoted in Florida: Mortgage Loan Broker  The control of a member.  |

## 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.

| i. The name of the  | Limited Liability Company is:   |   |  |
|---|---|---|--|
| ·   | Affinity Ca   | apital LLC.   |  |
| 2. The name and th  | e Florida street address of the re  | gistered agent and offic  | ce are:  |
|   | CT Corporation  | System  |  |
| benematives.  | (Nan  | ne)   | · · ·  |
| ****  | 1200 South Pine Isl   |   | ·  |
|   | Florida Street Address (P.O.  | Box NOT ACCEPTABLE)   |  |
|   | Plantation  | FL 33324  |  |
|   | City/s  | State/Zip   | **************************************   |
| liability company at<br>agent and agree to a<br>relating to the prope | as registered agent and to accept the place designated in this certificated in this capacity. I further agree or and complete performance of m sition as registered agent as provi  CINDY KEE ASSISTANT SECRETAR  (Signature) | icate, I hereby accept the to comply with the proy duties, and I am familided for in Chapter 608, | e appointment as registere<br>visions of all statutes<br>iar with and accept the |

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



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AFFINITY CAPITAL**, **LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since, October 11, 2002, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand And affixed the Great Seal of State, at my office, in Carson City, Nevada, on October 15, 2004.

Dean Heller

Secretary of State

Certification Clerk