Florida Department of State Division of Corporations Public Access System

2004 DEC -16 A 10: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000240794 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD. 120000000088

Account Number : Phone

(800) 221-0102

Fax Number

(212) 564-6083

04 DEC -6 AM 8:

t	REIGN LIMITED LIABILIT brooker capital, li	LITY CON	ΓΥ COMPANY LC	
DIVISION	Certificate of Status	0.	[	
<u>}</u>	Certified Copy	1	<b></b>	
· <del></del>	Page Count	03	Port 198	
	Estimated Charge	\$155.00	•	

Electronic Filing Menu

Corporate Filing

Rublic Access Help

# но4000240794 🔁 🗋

2004 DEC - \$ A 10: 27

SECRETARY OF STATE TAI LAHASSEE, FLORIDA

## 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 TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Brooker Capital, LLC (Name of Foreign Limited Liability Company) 3. 20-0829217 2\_Georgia (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 5. perpetual February 25, 2004 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 4235 Marsh Landing Parkway, Unit 824 Jacksonville Beach, Florida 32250 (Street Address of Principal Office) 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: R. Max Gainer, Jr. 4235 Marsh Landing Parkway, Unit 824, Jacksonville Beach, FL 32250 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: financial services 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 genalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

H04000240794 11 ED

2004 DEC - A 10: 2 SECRETARY OF STATE TALLAHASSEE, FLORID

# 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:

### **BROOKER CAPITAL, LLC**

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

National Corpor	rate Resear	ch, Ltd., Inc.
	(Name)	
103 N.	Meridian Stre	eet
Florida street addre	ss (P.O. Box <u>NOT</u>	ACCEPTABLE)
Tallahassee	FL	32301
	FL.	32301

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, Floria Statutes.

(Signature) Karen McKeown, 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)

### H04000240794 3

## Secretary of State

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

CONTROL NUMBER DATE INC/AUTH/FILED: 02/25/2004 JURISDICTION : GEORGIA PRINT DATE : 12/06/2004 FORM NUMBER

MORRIS, MANNING & MARTIN STEPHANIE PEARLE 1600 ATLANTA FINANCIAL, 3343 PEACHTREE ROAD ATLANTA, GA 30326

### CERTIFICATE OF EXISTENCE

I. Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

is in compliance with the appricable filing of Title 14 of the Official Code of Compia and annual registration provisions handpated(

Said entity was formed in the jurisdiction by ated about or was authorized to transact business in Seorgias on the above same and has int filed articles of dissolution, certificate of cancellation or an other aimiliar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a systement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State the Secretary of State

This information is electronically transmitted, issued and certified in accordance with the Georgia Blad Tonic Terangle 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.

20041206184713504



Secretary of State