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W05-52112

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Capital	PLUS I, LTD me of Limited Liability Company)
	cimited Liability Company for Authorization to Transact Business in heck are submitted to register the above referenced foreign limited Florida
	(Name of Person)  AL PLUS I, LTD  (Firm/Company)
729	GRAPEVINE Hwy #410 (Address)
HURS	ST Teyas 76054 (City/State and Zip Code)
For further information concerning this	
Robert McKing (Name of Person)	at (817) 656-5153 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following an  ☐ \$125.00 Filing Fee ☐ \$130.00 F	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2005

ROBERT MCKINNEY CAPITAL PLUS I, LTD. 729 GRAPEVINE HWY #410 HURST, TX 76054

SUBJECT: CAPITAL PLUS I, LTD. Ref. Number: W05000052112



We have received your document for CAPITAL PLUS I, LTD. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 705A00068822

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

	TH SECTION 608.503, OMPANYTOTRANSAC.				TO REGISTER A	FOREIGN
1 <i>C</i> <u>/</u>		^	Liability Company)	·	200	
(Jurisdiction under company is organized)	the law of which foreign	_			cable)	
	2-14-	2004	5. (Duration: Year exist or "perpet	Por oto Ilimited liability co uai")	mpany will sease	H11: 02
6	(Date first transa (See sections 608.	cted business in FI 501 & 608.502 F.S	orida, if prior to regis	stration.) y liability)		<del></del>
7						
729_	GRAPEVIN	e Hwy-	#410 of Principal Office)	HURST,	Texas	76054
	ity company is a ma					
Capita 129	usual business address  L PWS I  GRAPEVIN  57, TX 5	NC MA e Hwy &	Naging	partner	V	_
10. Attached is an original the jurisdiction under the	inal certificate of existend the law of which it is orga icate under oath of the tra	ce, no more than 90 mized. (A photocop	days old, duly authent ry is not acceptable. If	icated by the official	having custody of	records in
11. Nature of busing	ness or purposes to	be conducted o	r promoted in Flo	rida: <u>PUR</u>	chase	
Real	ESTATE	_//	<u> </u>	<u></u>		·
		//m	_			
	(In accordance with	section 608.408(3), F r the penalties of peri	thorized represent. S., the execution of the ury that the facts stated boat	is document constitut	ber. es	
	-		I name of signee	DIIII	<del></del>	

## 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 PLVS I, LTD Company	BOEC-5
2. The name and the Florida street address of the registered agent and office are:	SEE TO
FelNAVOO Prieto	02 ORIDA
13014 N. Dale Mabry Florida Street Address (P.O. Box NOT ACCEPTABLE)	Hay #181
TAmpa FL 33618 -	2808

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, Florida Statutes.

(Signature)

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for Capital Plus I, Ltd. (filing number: 800425592), a Domestic Limited Partnership (LP), was filed in this office on December 14, 2004.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 15, 2005.



gar Hining

Roger Williams Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TTY: 7-1-1 Document: 108884850003