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Office Use Only



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SECREDARY OF STATE
TAIL AHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: CAPITAL LOGA GROUP OF | AMERICA |
| (Name of Limit | ted Liability Company) |
| | pility Company for Authorization to Transact Business in somitted to register the above referenced foreign limited |
| Please return all correspondence concerning this ma | atter to the following: |
| Daula | ച്ച |
| | ne of Person) |
| (1144) | ic 011 015011) |
| CAPITAL 10EA 60 | Prop of America CCC n/Company) |
| (Firm | n/Company) |
| | • |
| 5321 SIESTA | CT |
| (, | Address) |
| | |
| SANASOTA, FL | ze and Zip Code) |
| (City/Stat | e and Zip Code) |
| For further information concerning this matter, please | se call: |
| | |
| DAVID STEIN | at (941) 346 2563 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations | Division of Corporations |
| • | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of S}\$ | □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified Copy |



December 19, 2005

DAVID STEIN 5329 SIESTA COURT SARASOTA, FL 34242

SUBJECT: CAPITAL IDEA GROUP OF AMERICA, LLC

Ref. Number: W05000055588

We have received your document for CAPITAL IDEA GROUP OF AMERICA, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 205A00072550

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

| | IABILITY COMPA | NYTOTRANSACT | BUSINESS IN THE S | | |
|---------------------|--------------------|----------------------|------------------------|---|-----------------------------------|
| | CAPIT | AL 10EA GI | ROUP OF AM | bility Company) | |
| | | (Name of | roteigh Lithted Liz | ionny Company) | |
| , , | ELEWALE | * 11 E ! | 3. | (FEI number, | (Constiguida) |
| (Jurisdic compan | y is organized) | w of which foreigi | i limited hability | (FBI number, | п аррисаоле) |
| 10 | 0/4/05 | Organization) | 5. | (Duration: Year limited lial | |
| | | | | exist or "perpetual") | , |
| | | 12/14/03 | 5 | | TASE S |
| | | | _ | ida, if prior to registration.) o determine penalty liability) | PIL DEC 23 CKE JAH LAHAS |
| | 3 329 | SIESTA CT | | | SO E |
| | SANASAN | a FL 34 | 242 | Principal Office) | AM 11: 46 SEE, FLORID |
| | | | (Street Address of | Principal Office) | OR OR |
| | name and usual | | | ging members or manage | |
| e jurisdic | tion under the law | of which it is orga | | rys old, duly authenticated by the is not acceptable. If the certifica itted.) | |
| 1. Natı | ıre of business | or purposes to | be conducted or j | promoted in Florida: | |
| B4 | Sincss (u | <u> </u> | WW A | 6 | |
| | (| In accordance with s | ection 608.408(3), F.S | norized representative of a ., the execution of this document y that the facts stated herein are to | constitutes |
| | _ | DAU | 10 6. STEA | | |
| | | 1 | Typed or printed i | 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 Comp | pany is: | | |
|---|---|---|---|--|
| CAPM | AL 10EA GROUP O | IF AMERICA LL | .c | |
| 2. The name and the | ne Florida street address | of the registered ag | gent and office a | re: |
| | DAVID ST | ミル | | 15 05 |
| | | (Name) | | FILE DEC 23 CREJAN |
| | 5329 SIEST | | | SS W |
| | Florida Street Ade | dress (P.O. Box NOT) | ACCEPTABLE) | FILED EC 23 AM 11: 46 RELAKTE OF STATE AHASSEE, FLORID |
| | SANASOTA | FL | 34642 | |
| | | City/State/Zip | | |
| liability company at agent and agree to a relating to the prope | as registered agent and the place designated in t act in this capacity. I fur er and complete performa osition as registered agen | his certificate, I her ther agree to comply ance of my duties, ar | eby accept the ap www.with the provisi ad I am familiar w | opointment as registered ons of all statutes with and accept the |

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPITAL IDEA GROUP OF AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2005.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 4396366

DATE: 12-22-05

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