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SECRETARY TO STATE SECRETARY TO STATE



COVER LETTER

	TO: Registration Section Division of Corporations						
	SUBJECT: SUNBURST FINANCIAL GROUP, LCC		. ·				
	(Name of Limited Liability Company)						
	The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Florida," Certificate of Existence, and check are submitted to register the above referenced foreign liability company to transact business in Florida						
	Please return all correspondence concerning this matter to the following:						
	NITA THOMPSON		·				
	(Name of Person)	20	⊒ ·				
		1006 HAY	VISEC				
	SubBurst FINANCIAL GROUP, LIC (Firm/Company)	A					
	(Firm/Company)	2	ر الا 19 أ				
	300 CENTURY PARK SOUTH, STE 100	PH 2:	74.5 46 01				
	(Address)	9	## .4				
	BIRMINGHAM, AL 35006		•				
	(City/State and Zip Code)						
	For further information concerning this matter, please call:						
	MITA THOMPSON at (205) 833 4949 x 180 (Name of Person) (Area Code & Daytime Telephone Numb	- ·					
n.	(Name of Person) (Area Code & Daytime Telephone Numb	er)					
	MAILING ADDRESS: STREET ADDRESS:						
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building						
	Tallahassee, FL 32314 Cinton Banding 2661 Executive Center Circle Tallahassee, FL 32301						
	Enclosed is a check for the following amount: \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee} \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee} & \Bigsim \frac{1}{25.00						

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: Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability PERPETUAL (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 300 CENTURY PARK SOUTH, SUITE 100 (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 BIRMINGHAM, He 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: 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.) T. MARTIN

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 Com	pany is:	
SUNB	BURST FINANCIAL	GROUP, LLC	: . <u>#</u>
2. The name ar	nd the Florida street address	s of the registered agent and office ar	e:
	Agents and Corp	orations, Inc.	
		(Name)	
773 4th Avenue - Suite E			SECRI 06 HA
Florida Street Address (P.O. Box NOT ACCEPTABLE)			Y 12
	Naples	FL 34102	
		City/State/Zip	2: -
			တ 🤞
liability compan agent and agree relating to the p	ry at the place designated in to act in this capacity. I fur roper and complete perform	to accept service of process for the all this certificate, I hereby accept the apother agree to comply with the provision ance of my duties, and I am familiar value as provided for in Chapter 608, Flo	pointment as registered ons of all statutes with and accept the
	(Signature)	Clems	****

\$ 100.00 Filing Fee for Application

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

\$ 25.00 Designation of Registered Agent

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that SunBurst Financial Group, LLC organized in the office of the Judge of Probate of Jefferson County on March 23, 2005. I further certify that the records do not disclose that said SunBurst Financial Group, LLC has been dissolved.

DIVINOS CENTRALY OF STALL



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 25, 2006

Date

Janey J. Harley

Nancy L. Worley Secretary of State