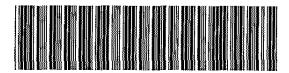
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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Special Instructions to Filing Officer:
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OZ JAN 16 AM 10:00



ACCOUNT NO. : 072100000032

REFERENCE : 1114636

AUTHORIZATION

COST LIMIT : \$ 160.00

ORDER DATE: January 16, 2007

ORDER TIME : 3:42 PM

ORDER NO. : 714636-015

CUSTOMER NO: 7509687

FOREIGN FILINGS

NAME: ST. JAMES EQUIPMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney -- EXT# 2916

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLOR LIMITED LIABILITY COMPANY TO TRANSACT BUS	RIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGINESS INTHE STATE OF FLORIDA:
1. ST. JAMES EQUIPMENT, LLC	The state of the s
(Name of Fore	eign Limited Liability Company)
2, GEORGIA	3. 20-8036457
(Jurisdiction under the law of which foreign lim- company is organized)	ited liability (FEI number, if applicable)
4. DECEMBER 6, 2006	5. PERPETUAL
(Date of Organization)	5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted)	ousiness in Florida, if prior to registration.) 6 608.502 F.S. to determine penalty liability)
7. 573 HAWTHORNE AVENUE	
ATHENS, GEORGIA 30606	
	treet Address of Principal Office)
8. If limited liability company is a manage	er-managed company, check here 🔽
9. The name and usual business addresses	of the managing members or managers are as follows:
WILLIAM L. ULM, SR.	
573 HAWTHORNE AVENUE	
ATHENS, GEORGIA 30606	
ATTENS, GEORGIA 30000	
	more than 90 days old, duly authenticated by the official having custody of records in . (A photocopy is not acceptable. If the certificate is in a foreign language, a r must be submitted.)
11. Nature of business or purposes to be co	onducted or promoted in Florida: EQUIPMENT
LEASING	
Tansune	· lle.
Signature of a member (In accordance with section	per or an authorized representative of a member. n 608.408(3), F.S., the execution of this document constitutes enalties of perjury that the facts stated herein are true.)
	FREIMAN, ATTORNEY-IN-FACT
Type	d 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.

	ST. JAMES EQUIPMENT, LLC	
2. The name an	d the Florida street address of the registered agent and office are:	
	CORPORATION SERVICE COMPANY (Name)	
	1201 HAYS STREET	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	TALLAHASSEE, 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, Florida Statutes.

City/State/Zip

Brian Courtney
Asst. V. Pres.
(Signature)

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

\$ 5.00 Certificate of Status (optional)

Control No. 06103854

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

ST. JAMES EQUIPMENT, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 12/06/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar 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 date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 13th day of January, 2007

> Karen C Handel Secretary of State

Faun Claudel

Certification Number: 489368-1 Reference: 1955.28

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp