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(Requestor's Name) (Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Enaity Hume)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Capital Administration Organization, LLC

1232 Washington Ave., Suite 300 St. Louis, MO 63103

September 7, 2007

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Capital Administration Organization, LLC

Dear Sir or Madam:

Enclosed for your review and approval are the following items filed on behalf Capital Administration Organization, LLC.

- 1.) Application for Registration of a Foreign Limited Liability Company
- 2.) Certificate of Designation of Registered Agent
- 3.) Original Certificate of Good Standing
- 4.) Filing Fee in the amount of \$125.00
- 5.) Self addressed, stamped envelope

If you have any questions, please feel free to contact me at 618-628-3090 or via email at hbittle@htctech.net. Thank you for your time and consideration.

Sincerely,

Heather Bittle

Compliance Associate

FILED

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Capital Administration	on Organization, LLC nited Liability Company)	
The enclosed "Application by Foreign Limited Lie Florida," Certificate of Existence, and check are s liability company to transact business in Florida		
Please return all correspondence concerning this r	natter to the following:	
Heathe (No	S Bi++18 ame of Person)	
	rm/Company)	Z001_OCT - SECRETAR TALLAHASS
PO B	(Address)	OCT -I P 1: I
OFa)\ (City/S	on, IL 62269 tate and Zip Code)	> O
For further information concerning this matter, ple	ease call:	
Heatizer Bittle (Name of Person)	at (<u>618</u>) <u>628-309</u> (Area Code & Daytime Teleph	
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 amount: \$\square\$125.00 Filing Fee \$\square\$\$130.00 Filing Fee & Certificate o		Filing Fee, Certificate of Status & Certified Copy

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.	Capital Administration Organization, LLC (Name of Foreign Limited Liability Company)
2.	(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4.	(Date of Organization) 5. Occ 00+10 (Duration: Year limited liability company will cease to exist or "perpetual")
6.	TAL SE
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1232 Washington Ave., Suite 300 CAR!
	1232 Washington Ave., Suite 300 St. Louis, MO (23105) (Street Address of Principal Office) If limited liability company is a manager-managed company, check here
	(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:
	John Carrol 3046 Virginia Pid. Coconut Grove, FL 33133
	Andrew Hillin 1312 Washington Ave., #1.B St. Lavis, MO 63105
	Larry Proseberry 700 cambrian Ct., Lincoln, NE 68510
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:Administrator_
	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.)
	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 Company is:	
Capital Administration Organization, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Corporation Service Company (Name) ASS ARE	—

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.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Whong & Markay unt sec. (sc (Signature)

Tallahassee

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





Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CAPITAL ADMINISTRATION ORGANIZATION, LLC LC0822187

was created under the laws of this State on the 8th day of June, 2007, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 19th day of June, 2007

Alm Chalen
Secretary of State

Certification Number: 9811388-50 Reference: