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Special Instructions to Filing Officer:

L. SELLERS

JUN 1 7 2008

**EXAMINER** 



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SECHETARY OF STATE

### COVER LETTER

|                | sion of Corporations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT:       | USM CAPITAL LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | (Name of Limited Liability Company)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Florida," Ce   | d "Application by Foreign Limited Liability Company for Authorization to Transact Business in crificate of Existence, and check are submitted to register the above referenced foreign limited apany to transact business in Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Please return  | n all correspondence concerning this matter to the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | LYNNE H. BIRTZU (Name of Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | (Name of Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | USM CAPITAL LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | (Firm/Company)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | A281 N. SHERIDAN WAY (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | MISSISS AUGA ON CANADA LSK2S3 (City/State and Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | (City/State and Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| For further is | nformation concerning this matter, please call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | LYNNE BIRTU at (905) 403-2253 (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Divis<br>P.O.  | LING ADDRESS: sion of Corporations Box 6327 chassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | a check for the following amount: 25.00 Filing Fee \$\Bigsquare\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sig |



May 29, 2008

LYNNE H. BIRTZU 2281 N. SHERIDAN WAY MISSISSAUGA, ONTARIO CANADA L5K2S3,

SUBJECT: USM CAPITAL LLC Ref. Number: W08000026381

We have received your document for USM CAPITAL LLC 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 document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6967.

Letter Number: 908A00033752

Leslie Sellers Regulatory Specialist II

## 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.  | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")                                                                                                                                                                                                                                                   |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| cor | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written is need to fit the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C.," "LLC.")                                                                 |
|     | GEORGIA  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 26-2449/68  (FEI number, if applicable)                                                                                                                                                                                                                    |
|     | (Date of Organization)  5. (Duration: Year limited liability company will cease to exist or "perpetual")                                                                                                                                                                                                                                                     |
|     | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  2281 J. SHERIOAN WAY                                                                                                                                                                                            |
|     | MISSISSAUGA ONTARIO CANADA L5K283  (Street Address of Principal Office)  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:  JAMES KEGLEY FORD HIGHLANDS PRWY, SE  #160, SMYRNA GEORGIA 30082                                                                                                                                                                                                  |
|     | #160, SMYRNA GEORGIA 30082                                                                                                                                                                                                                                                                                                                                   |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nslation of the certificate under oath of the translator must be submitted.) |
| 11  | Nature of business or purposes to be conducted or promoted in Florida: Computer  Equipment Leasing                                                                                                                                                                                                                                                           |
|     | Signature of a member or an authorized representative of a member of a member of an authorized representative of a member of 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:                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| USM CAPITAL LLC                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |
| If name unavailable, the alternate name to be used in the state of Florida is:                                                                                                                                                                                                                                                                                                                                                            |                                                                  |
| 2. The name and the Florida street address of the registered agent and office are:                                                                                                                                                                                                                                                                                                                                                        | :                                                                |
| CAPITOL CORPORATE SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                | <u>s</u> 120                                                     |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                                                                                                                                                                                                                                                                                                                                                                          | 7<br>——                                                          |
| TALLAHASSEE FL 32301 City/State/Zip                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |
| Having been named as registered agent and to accept service of process for the aboliability company at the place designated in this certificate, I hereby accept the appearant and agree to act in this capacity. I further agree to comply with the provision relating to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent as provided for in Chapter 608, Florid | ointment as registered<br>s of all statutes<br>th and accept the |
| S 100.00 Filing Fee for Application                                                                                                                                                                                                                                                                                                                                                                                                       | ZOOB JUI<br>SECRE                                                |

\$ 25.00 Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 30.00

5.00

#### **POWER OF ATTORNEY**

The undersigned, James Kegley, an officer of USM Capital LLC a corporation duly incorporated in the state of Georgia, hereby authorize Lynne M. Birtzu, Tax Accountant to act as an agent representative and attorney-in-fact for and on behalf of the corporation in all matters pertaining to the taxes.

**DATED** at Mississauga, this day of April, 2008

USM CAPITAL LLC

Name: James Kegley

Title: Manager

2000 JUN 16 PM 1:50
SECRETARY OF STATE

Control No. 08031368

## 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

#### USM CAPITAL LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 04/17/2008 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 23rd day of April, 2008

Kaun Chandel

Karen C Handel Secretary of State ETARY OF STATE HASSEE, FLORIDA

Certification Number: 2854817-1 Reference:

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