(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	· · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only

G. MCLEOD

JUN - 5 2009

EXAMINER



400156445174

06/04/09--01033--021 **125.00

South Harbor Capital, LLC 300 Galleria Parkway, 12th Floor Atlanta, GA, 30339 770-329-0839

June 2, 2009

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Registration for foreign limited liability company to transact business in Florida

To Whom It May Concern:

Attached are the following documents which are being submitted to you so that you will process the registration for South Harbor Capital, LLC, a Georgia limited liability company to do business in Florida:

- 1) A check for \$125.00
- 2) The Application Cover Letter
- 3) The Application by Foreign Limited Liability Company for Authorization to Transact Business In Florida
- 4) The Certificate of Designation of Registered Agent/Registered Office
- 5) The Original Certificate of Existence of South Harbor Capital, LLC from the Georgia Secretary of State.

Please let me know if there is anything else you need.

Sincerely,

William P. Sullivan III

COVER LETTER

TO:	Registration Division of C					
SUBJ	ECT:	South		Capital,	LLC	
			Name of Lin	nited Liability Company		
					o Transact Business in Florida, ibility company to transact busi	
Please	return all corre	spondence concerni	ng this matter to the	e following:		
			William E	P. Sullivan		
			Na	ame of Person		
				rbor Capital,	LLC	
	,		Fi	rm/Company		
300 Galleria Parkway, 12th Floor		12th Floor				
				Address		
			Atlanta,	GA 30339		
City/State and Zip Code						
				livan@mindspri		
		E-mail	address: (to be used	for future annual report	notification)	
For fu	ther informatio	n concerning this m	atter, please call:			
	Willia	am P. Sulliv	van	at (770) 3	29-0839	
		Name of Perso	n Area	a Code & Daytime Telep	hone Number	•
	MAILING A Division of C Registration 9 P.O. Box 632 Tallahassee, 1	Corporations Section 27	Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ation Section Building xecutive Center Circle assee, FL 32301		
Enclo	sed is a chec	k for the following	ng amount:			
	X\$125.00 F	iling Fee \$13 Ce	0.00 Filing Fee & ertificate of Status	\$155.00 Filing Fee Certified Co		

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 FORE LIMITED HARD ITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

ЦМ	ITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1	South Harbor Capital, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC"	; ;)	
		,	
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copsent of the managers or managing members adopting the alternate name. The alternate name must include "Limits opany," "L.L.C," "LLC.")		
2.	Georgia 3. Not Applicable		
$\overline{0}$	urisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)		_
4.	September 26, 2005 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will c exist or "perpetual")	ease to	,
6.			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	00	DIVĬŠĬŐ
7.	300 Galleria Parkway, 12th Floor	MUL 60	_SS.
	Atlanta, GA 30339	7-	
-	(Street Address of Principal Office)	PK	
8. }	If limited liability company is a manager-managed company, check here X		
9. ′	The name and usual business addresses of the managing members or managers are as follows:	1: 32	
	William P. Sullivan, Sole Member		.71,
	300 Galleria Parkway, 12th Floor		
	Atlanta, GA 30339		
the j trans	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida:	-	
_	Real Estate including real estate brokerage		
	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 o	f the Limited Liabilit	ity Company is:	
South H	arbor Capital,	LLC	
If unavailable,	the alternate to be us	sed in the state of Florida is:	
2. The name a	nd the Florida street a	address of the registered agent and office are	:
		NRAI Services, Inc.	
		(Name)	
	2731 Executive	e Park Drive, Suite 4	
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	
	Weston	FL 33331 City/State/Zip	
liability comparagent and agree relating to the p	ny at the place designo e to act in this capacity proper and complete p	tent and to accept service of process for the about the intensional accept the applicate in this certificate, I hereby accept the applicate. I further agree to comply with the provision performance of my duties, and I am familiar with the provided for in Chapter 608, Flori	ointment as registered as of all statutes th and accept the

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

(Signature)

Secretary of State

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

DOCKET NUMBER : 090512400
CONTROL NUMBER : 0565807
DATE INC/AUTH/FILED: 09/27/2005
JURISDICTION : GEORGIA
PRINT DATE : 05/12/2009
FORM NUMBER : 211

SOUTH HARBOR CAPITAL, LLC DUKE SULLIVAN 300 GALLERIA PKWY 12TH FL ATLANTA GA. 30339

CERTIFICATE OF EXISTENCE

I, Karen C Handel, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

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SOUTH HARBOR CAPITAL, LLC

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filling 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 abovenamed 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.

Karen C Handel Secretary of State

Haren C. Handel