# MIUUUUUU902

(Requestor's Name)			
(Address)			
(1341555)			
(Address)			
(City/State/Zip/Phone #)			
( <b>)</b>			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(C. 2			
Certified Copies Certificates of Status			
Consideration to Effect Office			
Special Instructions to Filing Officer:			

Office Use Only



600170421716

02/25/10--01016--012 \*\*130.00

10 FEB 25 AN 8: 51

B. KOHR

MAR - 1 2010

**EXAMINER** 

#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: General Capital Partners, LLC
	CT: General Capital Partners, LLC  Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,
Please re	eturn all correspondence concerning this matter to the following:
	Thomas C. McCarthy
	Name of Person
	General Capital Partners, LLC, doing business as eNational Payments
	Firm/Company
	101 N. Wacker Drive, Suite 613
	Address
	Chicago, Illinois 60606-1726
	City/State and Zip Code
	tmccarthy@enationalpayments.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	at (866)
	Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclose	ed is a check for the following amount:
	\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ Certified Copy \$160.00 Filing Fee, Certified Copy 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. General Cap	ital Partners, LLC notude "Limited Liability Company," "L.L.C.," or "LLC.")			
00.	B			
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")	Partners, LLC rpose of transacting business in Florida and attach a copy of the patter alternate name. The alternate name must include "Limited Bability"			
Georgia  (Jurisdiction under the law of which foreign limited liabilit company is organized)	3. 26-2082071 (FEI number, if applicable)			
4. 02/06/2008 (Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")			
6. N/A				
(Date first transacted business in (See sections 608.501 & 608.502 I	Florida, if prior to registration.) F.S. to determine penalty liability)			
7. 101 N. Wacker Drive, Suite 613				
Chicago, Illinois 60606-1726				
(Street Addre	ess of Principal Office)			
8. If limited liability company is a manager-manag	ed company, check here			
9. The name and usual business addresses of the m	anaging members or managers are as follows:			
Thomas C. McCarthy, 101 N. Wacker Drive, Suite 613, Chicago, Illinois 60606-1726				
	90 days old, duly authenticated by the official having custody of records in copy is not acceptable. If the certificate is in a foreign language, a ubmitted.)			
11. Nature of business or purposes to be conducted	or promoted in Florida:			
Selling payment processing serv	rices of third-party service providers.			
el (e. Vi				
(In accordance with section 608.408(6	authorized representative of a member. ), F.S., the execution of this document constitutes or that the facts stated herein are true.)			
	as C. McCarthy			
Typed or print	ted name of signee			

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

The street of the street and the street of t

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.

General Capital Partners, LLC  If unavailable, the alternate to be used in the state of Florida is:  Gen Cap Partners, LLC  2. The name and the Florida street address of the registered agent and office are:  NRAI Services, Inc.  (Name)  2731 Executive Park Drive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Weston, Fig83331  City/State/Zip  Ilaving 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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.  NRAT Services, Inc.  (Signature)  Chapter Exhaults Exhaults Assistant Desirated Services	1. The name of the Limited Liability Company is:
Gen Cap Partners, LLC  2. The name and the Florida street address of the registered agent and office are:  NRAI Services, Inc. (Name)  2731 Executive Park Drive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Weston, FIFB3331  City/State/Zip  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.  NRAT Services, Inc. (Signature)	General Capital Partners, LLC
2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)  Weston, Fig.83331 City/State/Zip  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.  NRAT Services, Inc. (Signature)	If unavailable, the alternate to be used in the state of Florida is:
NRAI Services, Inc.  (Name)  2731 Executive Park Drive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Weston, Fif\$3331  City/State/Zip  Ilaving 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.  NRAI Services Inc.  (Signature)	Gen Cap Partners, iLC
(Name)  2731 Executive Park Drive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Weston, Ftp83331  City/State/Zip  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.  NRAT Services, Inc.  (Signature)	2. The name and the Florida street address of the registered agent and office are:
Idving 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.  NRAT Services, Inc.  (Signature)	
Florida Street Address (P.O. Box NOT ACCEPTABLE)  Weston, Fif83331  City/State/Zip  Ilaving 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.  NRAT Services, Inc.  (Signature)	(Name)
Weston, Flf83331 City/State/Zip  Ilaving 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.  NRAT Services, Inc.  (Signature)	2731 Executive Park Drive, Suite 4
Ilaving 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.  NRAT Services, Inc.  (Signature)	Florida Street Address (P.O. Box NOT ACCEPTABLE)
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.  NRAT Services, Inc.  (Signature)	
\$ 100.00 Filing Fee for Application	liability company at the place designated in this certificate, I hereby accept the appointment as registere 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.  NRAT Services, Inc.  (Signature)  Christian Eubanks, Assistant Secretary

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Control No. 08016827

## 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, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### GENERAL CAPITAL PARTNERS, LLC

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

was formed or was authorized to transact business on 02/06/2008 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 February, 2010

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 5183006-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp