Address

Tallahassee, Florida 32301

City/State/Zip

Phone #

224-7000

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	(Corporation Name)	Company L.C. (Documen	t #)	SECRE 91 J
2	(Corporation Name)	(Document	t #)	MAN IO
3	(Corporation Name)	(Досшпел	t #)	AMII: 12
4	(Corporation Name)	(Document	ıt#)	12
□ Walk in	Pick up time	<u>1:</u> es [Certified Copy	
Mail out	Will wait	Photocopy	Certificate of Status	
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NEWPIDINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

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NonProfit	Resignation of R.A., Officer/ Director	R. AGENT FEE
Limited Liability	Change of Registered Agent	C. COPY 14 C
Domestication	Dissolution/Withdrawal	N. BANK
Other	Merger	BALANCE DUE
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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
 Limited Partnership
Reinstatement
Trademark
Other

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Examiner's Initials

CR2E031(1/95)

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 AFOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ocean Capital Invest				
(Name of foreign limited liability cor "L.C." if not so contained in the nerr	npany must end with t	s words Ti	mited company"or their abl	oreviano
Fig. 11 mot 40 Contesting M. F. M. Lifel.	o er hiezour)	•		المالية المالية
Iowa		2	42-1465300	当
(Jurisdiction under the law of which company is organized)	foreign limited liability	_	(FEI number, if applicable	B) (6
comband in orderitzent				2
November 26, 1996	5 30 yea	rs from	m date of organiz	ation
(Date of Organization)	(Duration	: Year limit	ad liability company will cea Novem	Cypico de est
January 1, 1997	5. p C ₁	rewei /	140 4 611	DCI DO,
(Date first transacted business in	Florida. (See sectione 600	1.501, 808.502	, and 817.155, F.S.)	
1550 Farley Road				
Cascade, Iowa 52033				
(Street	address of principal off	ice)		
List name, title, and business who will manage the foreign NAME & ADDRESS:	limited liability com	pany in F	orida: (attach additional pa AME & ADDRESS:	age ifnecessa TITLE:
Cecil Knuth	MGR			
1550 Farley Road				
Cascade, Iowa 52033				
		-		

				-
				•

Filing Fee: \$ 52.50 for Application

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative o	famember of	Ocean Capital
Investment Company, L.C.	_ deposes and a	ays:
1) the above named limited liability company has at least	two members	
2) the total amount of cash contributed by the member(s	is \$ 6,000	•
3) if any, the agreed value of property other than cash co	ontributed by men y is attached end r	nber(s) is nade a part hereto.
4) the total amount of cash or property anticipated to be $\frac{6,000}{}$. This total includes amounts from	contributed by mo 2 and 3 above.	ember(s) is

Signature of a member or surhorized representative of a member.
(In accordance with section COLADECS, Floride Statutes, the assertion of this efficient constitutes an effirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the	corporation is:	Ocean Capital	Investment	Company,	L.C.
		T-F-			ON TOPS
2. The name and a	ddress of the reg Ray Stodd	jistered agent and o lard	ffice is:		TAMIO MII. 12
	405 Atlar	(Neme) ntis Road - Sui	te A		11.12
	Cape Cana	(P.O. Box net acceptable averal, Florida			
		(City/State/Zie)			

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Signature)

9/97

Filing Fee: \$ 35 for Designation of Registered Agent



No. 00105308 Date: 01/03/1997

490DLC-000201023 CRETARY OF STATE

BROWN WINICK ET AL TAMARA SPROLE 601 LOCUST ST STE 1100 DES MOINES, IA 50309

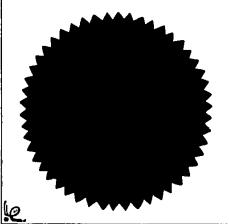
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CERTIFICATE OF EXISTENCE

Name: OCEAN CAPITAL INVESTMENT COMPANY, L.C.

Begin date: 19961126 Expiration: 20261126

I, PAUL D. PATE, secretary of state of the state of Iowa, custodian of the records of limited liability companies, certify that the limited liability company named on this certificate was duly organized under the laws of Iowa on the date printed above, that all fees required by the Iowa limited liability company act have been paid and that articles of dissolution have not been filed.



Sant D. Sate

