

October 10, 1997

Via Federal Express

Florida Department of State Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Re: Registration of foreign LLC

Dear Staff:

Enclosed for your consideration is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, attaching and Affidavit of Membership, Certificate of Designation of Registered Agent, Certificate of Good Standing, and filing fee of \$285.00.

Thank you very much.

Sincerely

Pamela J. Terry Legal Assistant

/pt

Name
Availability

Document
Examiner

Updater

Updater

Verifyer

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W. P. Verifyer

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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. (Nai so c	SPENCE, MORIARITY & me of foreign limited liability company contained in the name at present.)	SCHUSTER, L must end with the v	LC words "limited company" or their abbi	reviation "L.C." if not
2. (Juri com	STATE OF WYOMING sdiction under the law of which foreign pany is organized)	limited liability	83-0230654 (FEI number, if app	licable)
4	04-28-97 (Date of Organization)		(Duration: Year limited liability of exist or "perpetual")	ompany will case to
6	04-28-97 (Date first transacted busines	ss in Florida. (See s	ections 608.501, 608.502, and 817.15	5, F.S.)
7	15 South Jackson Str	eet		
	Jackson, Wyoming 830		principal office)	
8. List will	name, title, and business address manage the foreign limited liabili	of each managin ity company in F	g member[MGRM] or manager lorida: (attach additional page i	[MGR]who f necessary)
8. List will	manage the foreign limited liabili	ity company in F	lorida: (attach additional page i	f necessary)
8. List will	name, title, and business address manage the foreign limited liabili NAME & ADDRESS: Gary L. Shockey	of each managin ity company in F TITLE:	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	[MGR]who f necessary) TITLE:
8. List will	manage the foreign limited liabiling NAME & ADDRESS:	ity company in F	lorida: (attach additional page i	f necessary)
8. List will	NAME & ADDRESS: Gary L. Shockey	ity company in F	lorida: (attach additional page i	f necessary) TITLE:
8. List will	NAME & ADDRESS: Gary L. Shockey 15 S. Jackson St.	ity company in F	lorida: (attach additional page i	f necessary) TITLE:
8. List will	NAME & ADDRESS: Gary L. Shockey 15 S. Jackson St.	ity company in F	lorida: (attach additional page i	f necessary) TITLE:
8. List will	NAME & ADDRESS: Gary L. Shockey 15 S. Jackson St.	ity company in F	lorida: (attach additional page i	f necessary) TITLE:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
Spence, Moriarity & Schuster, LLC deposes and says:	
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ <u>230,000.</u> 00
A description of the property is attached and made a part hereto.	\$ <u>820,000.</u> 00
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$
Signature of a member or authorized representative of a memb	or
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	<i>7</i> 4. •
*3) Office furniture and equipment, supplies, library mate	erials.

Filing Fee: \$250.00 for Application and Affidavit

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company SPENCE, MORIARITY & SCHUSTER	•		
2. The name and address of the registered ages	ent and office are:		_
CT Corporation Sy	ystem		•
	(Name)	-0.	
1200 South Pine I	Island Road		4 : E
(P.O. Box or Mail I	Drop Box NOT ACCEPTABLE)		· ,
Plantation, Flori	ida 33324	-	· · ·
(Ci	ity/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.

Maria Semahara 10/13/97
(Signifure) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

ss.

I, DIANA J. OHMAN, Secretary of State of the State of Wyoming, do hereby certify that SPENCE, MORIARITY & SCHUSTER, LLC, a limited liability company organized under the laws of the State of Wyoming, did on 04/28/1997, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 28th day of July A.D., 1997.



Diana J. Aman Sefretary of State

By Karla Stackis