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Tallahas	See FL 32312 Zip Phone # (870) 509-		•	
City/State/Z	ip Phone #			
	(350)509-	8631	Office Use Or	ป <del>่</del> y
CORPORATION N	NAME(S) & DOCUME	NT NUMBER	(S), (if known):	
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NEWFILINGS	AMENDMENTS			
Profit	Amendment			
NonProfit -	Resignation of R.A., O	fficer/Director	9009924	<b>17969</b> 0 9801017018
Limited Liability	Change of Registered	Agent	****33	
Domestication	Dissolution/Withdrawa	ıl		
Other	Merger			
C. OTHER FILINGS	REGISTRATIO			
Annual Report	QUALIFICAT		\	$\gamma \mathcal{N}$
Fictitious Name	Foreign	CF	785	7
Name Reservation	Limited Partnership			\ \a\
	Reinstatement	Crei	285	D/V/1
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	Other			
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CR2E031(1/95)			Examiner's Initials	

## 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:

Name of foreign limited liability company so contained in the name at present.)				10t
Jurisdiction under the law of which foreign	· 3.	59-348721	19 .	2
Jurisdiction under the law of which foreign company is organized)	limited liability	(FEI number, if app	licable)	NSE SEC
1-1-98	5	Perpetual	E	聖
(Date of Organization)		Der petual  (Duration: Year limited liability of exist or "perpetual")	ompany will east to	- HE
1-1-98		exist of perpetual )	2	물무
	s in Florida. (See sec	ctions 608.501, 608.502, and 817.15	5, F.S.)	
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Tallahassee, F	(Street address of pr	rincipal office)		_ <i>ŭ</i>
ist name, title, and business address of	Street address of proof each managing	rincipal office)  member[MGRM] or manager	[MGR]who	_
Tallahassee, F	Street address of proof each managing	rincipal office)  member[MGRM] or manager	[MGR]who f necessary)	_
st name, title, and business address of	Street address of proof each managing	rincipal office)  member[MGRM] or manager	[MGR]who f necessary) TITLE:	_ <i>:</i>
Tallahussee, st name, title, and business address all manage the foreign limited liability	(Street address of proof each managing ty company in Flo	rincipal office)  member[MGRM] or manager orida: (attach additional page i	f necessary)	_ <i>t</i>
Tallahassee, For stand and business address all manage the foreign limited liability NAME & ADDRESS:	(Street address of proof each managing ty company in Flo	rincipal office)  member[MGRM] or manager orida: (attach additional page i	f necessary)	_ <i>t</i> r
Tallahussee, Fost name, title, and business address all manage the foreign limited liability  NAME & ADDRESS:  Jeff Swank  7906 McClure	(Street address of proof each managing ty company in Flo	rincipal office)  member[MGRM] or manager orida: (attach additional page i	f necessary)	_ <i>t</i>
st name, title, and business address cill manage the foreign limited liability  NAME & ADDRESS:  Deff Swank	(Street address of proof each managing ty company in Flo	rincipal office)  member[MGRM] or manager orida: (attach additional page i	f necessary)	_ <i>t</i>
st name, title, and business address dill manage the foreign limited liability  NAME & ADDRESS:  Deff Swank  7906 McClure	(Street address of proof each managing ty company in Flo	rincipal office)  member[MGRM] or manager orida: (attach additional page i	f necessary)	_

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	No.
(ash (ow F2 (Tallahassee), L.L.C. deposes and says:	98 FEB -2 AMIO: 38
1) the above named limited liability company has at least two members	2 AM 10: 2
2) the total amount of cash contributed by the member(s) is	\$ 50,0000
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ 50,000 .
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ <u>50,000</u> .
915-	
Signature of a member or authorized representative of a member (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.)	er.

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 is:	
(ash (ow F2 (Tallahassee), LL.C.	DIVIE 38
2. The name and address of the registered agent and office are:	BEB-2
Santos Perez (Name)	AMIO: 38
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	ATTONS 1: 38
Tallangssee FL 3230) (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.

(Signature) 1-30-98 (Date)

Filing Fee: \$ 35 for Designation of Registered Agent



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

CASH COW F2 (TALLAHASSEE), L.L.C.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization is was issued on January 07, 1998,

I further certify that no Certificate of Dissolution has been issued.

SECRETARY OF STATE

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 30, 1998

HBA 34604738K

Secretary of State

