M98000000090 Requestor's Name

7906 McClure Address

Tallahassee, FL 32312 City/State/Zip Phone # (850) 509-8631

Office Use Only

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

1. Cash	(Corporation Name)	iassop) L.L.C.		-
	(Corporation Name)	(Docume	ent #)	9186
2.	(Corporation Name)	(Docume	ent #)	NEGRET 188
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-	(Corporation Name)	(Docume	ent #)	3
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	(Corporation Name)	(Docume	:nt #)	2 Pm +
☐ Walk in	Pick up time		Certified Copy	86) SIAIQ
Mail out	☐ Will wait		Certificate of Status	
NEW FILINGS	AMENDM	ENTS		2 STE
Profit	Amendment		7	AN ORPOR
NonProfit	Resignation of	f R.A., Officer/ Director	7	5
Limited Liability	Change of Reg	gistered Agent] 2000024:	₩
Domestication -	Dissolution/W	ithdrawal	-02/02/98	301017021 .50 ****337.50
Other	Merger			JU *****JU

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

		REGISTRATION/ QUALIFICATION
-	X	Foreign
		Limited Partnership
		Reinstatement
		Trademark
		Other

5) M - 1298

Examiner's Initials	
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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:

so con	of foreign limited liability company nationed in the name at present.)					if notification in the second
2(Jurisdi	Louisian a iction under the law of which foreign 1	imited liability 3.	59~ 3 (FEI II	487256 number, if applica	ble)	之。是是
compar	y is organized) [-[-9] (Date of Organization)					至10.
		(Duration: Year limiexist or "perpetual")	ted liability comp	any will eas	e to out of
5	(Date first transacted business	in Florida. (See sect	ions 608.501, 608.50)2 and 817 155 F	18) E	1 550 2 500 2 500
'. <u> </u>	1020 E. Lafaye			•		B SEE
	Tallahassee,					新泉湖
	,	(Street address of pri	ncipal office)			でいる
List na will m	me, title, and business address of anage the foreign limited liability	f each managing r	nember[MGRM]	or manager[M	GRìwho	7 5
		Y COMIDANY IN FIOI	10a: (anach accit	ional nage if ne	ecessary)	٠,
	NAME & ADDRESS:	TITLE:	NAME & ADE		ccessary)	5
	NAME & ADDRESS:	TITLE:	NAME & ADI	PRESS:	TITLE:	
	NAME & ADDRESS: JOFF Swayk	Manager	NAME & ADE	PRESS:	TITLE:	
	NAME & ADDRESS:	Manager	NAME & ADE	PRESS:	TITLE:	
	NAME & ADDRESS: JEFF Swank 7906 McClure	TITLE: Manager	NAME & ADE	PRESS:	TITLE:	
	NAME & ADDRESS: JEFF Swank 7906 McClure Tallahassee FL	TITLE: Manager	NAME & ADE	PRESS:	TITLE:	
	NAME & ADDRESS: JEFF Swank 7906 McClure Tallahassee FL	TITLE: Manager	NAME & ADE	PRESS:	TITLE:	
	NAME & ADDRESS: JEFF Swank 7906 McClure Tallahassee FL	TITLE: Manager	NAME & ADE	PRESS:	TITLE:	

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized represe	entative of a member of	
Cash (ow F50	deposes and says:	98 F
1) the above named limited liability company l	nas at least two members	THE CORPOR
2) the total amount of cash contributed by the	member(s) is	\$ 50,000 =
3) if any, the agreed value of property other the A description of the property is attached and		\$
4) the amount of cash or property anticipated to This total includes amounts from 2 and 3 ab		\$ 50,000.
5) the total amount of cash or property anticipa	nted to be contributed by member(s) is	SCORE TATE OF STATE O
(In accordance with section 608.4	authorized representative of a member 408(3), Florida Statutes, the execution of this in under the penalties of perjury that the facts	er.

Filing Fee: \$250.00 for Application and Affidavit

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 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 F5(Tallahassee), L.L.C.	<u>~~~~</u>
2. The name and address of the registered agent and office are:	SION OF
Santos Perez (Name)	RY OF STATE RY OF STATE CORPORATIO
(1vante)	9 33
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	ATIONS ATIONS
$\frac{\sqrt{\alpha[\alpha \log 5566, FL 3230]}}{(\text{City/State/Zip})}$	

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) (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 F5 (TALLAHASSEE), L.L.C.

Domiciled at NEW ORLEANS, LOUISIANA,

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

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

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 34604752K

Secretary of State

