CORPORATE	2200	nda	07	752
ACCESS, 116-D hom INC. P.O. Box 37066 (323	nasville Road . Mount 315-7066) ~ (904)	Vernon Square. T) 222-2666 or (800)		
PICK UP	WALK IN 7/13	./28	(CF	
CERTIFIED COPY		_cus		
	: /	FILING	220	190
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(CORPORATE NAME & DOCUMENT #)			-07/14	5859420 /9801020009 15.00 ****215.00
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10.)(CORPORATE NAME & DOCUMENT #)		1/13	\	•
SPECIAL INSTRUCTIONS				J

language, a translation of the certificate under oath of the translator must be submitted.)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

<i>IMITED LIABILITY COMPANY TO TRANSACI</i> L. CAPITOL USA, LLC		,	ુ	0.2
(Name of foreign limited liability compans so contained in the name at present.)	y must end with the	words "limited company" or their al	breviation "L.C." if	not
Tennessee	_ : = 	62-1597304		
(Jurisdiction under the law of which foreign company is organized)	gn limited liability	(FEI number, if ag	pplicable)	6
12-29-95	5	Perpetual		S
(Date of Organization)		(Duration: Year limited liability co exist or "perpetual")	impany will cease to	
June, 1998			-	•
		ections 608.501, 608.502, and 817.	•	
Suite 1640 Republic Centre,	633 Chestnut s	Street, Chattanooga, TN	37405	1 + 1-4 - 1
List name, title, and business addres will manage the foreign limited liabi	(Street address of a sof each managinality company in F	ng member[MGRM] or manac	ger[MGR]who	
List name, title, and business addres will manage the foreign limited liabi NAME & ADDRESS:	s of each managin	ng member[MGRM] or manac	ger[MGR]who e if necessary) TITLE:	
will manage the foreign limited liabi	s of each managing it it company in E	ng member[MGRM] or manag Torida: (attach additional page	e if necessary)	w+ V_V_
NAME & ADDRESS:	s of each managing it it company in E	ng member[MGRM] or manag Torida: (attach additional page	e if necessary)	w 1,4,
NAME & ADDRESS:	s of each managing it it company in E	ng member[MGRM] or manag Torida: (attach additional page NAME & ADDRESS:	e if necessary)	* 14
NAME & ADDRESS:	s of each managing it it company in E	ng member[MGRM] or manag Torida: (attach additional page NAME & ADDRESS:	e if necessary)	+ 1.00 - 52.
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NAME & ADDRESS:	s of each managing it it is company in E	ng member[MGRM] or manag Florida: (attach additional page NAME & ADDRESS:	e if necessary)	
NAME & ADDRESS:	s of each managing it it is company in E	ng member[MGRM] or manag Torida: (attach additional page NAME & ADDRESS:	e if necessary)	

5. The managers of the limited liability company are

James B. Baker

Suite 1640

One Republic Center 633 Chestnut Street Chattanooga, TN 37402

Starling L. Elrod

Suite 1640

One Republic Center 633 Chestnut Street Chattanooga, TN 37402

Thomas D. Sheehy

c/o Richard J. McAfee, Esq.

Baker, Donaldson, Bearman,

and Caldwell

1800 Republic Center Chattanooga, TN 37450

Tim T. Morris

Suite 1640

One Republic Center 633 Chestnut Street Chattanooga, TN 37402

Mike D. Brookshire

Suite 1640

One Republic Center 633 Chestnut Street Chattanooga, TN 37402 AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of CAPITOL US	SA, LLC
certifies:	
1) the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	\$_3,160,000;
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.) and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	d \$ 3,160,000.
Signature of a member or an authorized representative of a men (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.)	mber.
Mike D. Brookshire, Secretary	
Typed or printed name of signee	

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. Th	he name of the Limited Liability Company is:	·
	CAPITOL USA, LLC	······································
2. Th	he name and the Florida street address of the registered agent and office are:	
	NRAI Services, Inc.	
	(Name)	
	526 E. Park Avenue	
Florida street address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee FL 32301	
	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.

Fast V.P.

Kathy L. (Slayman, Asst.) V.P.

Filing Fee: \$ 35 for Designation of Registered Agent

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

TO: CAPITAL FILING SERVICE, INC. 7051 HIGHWAY 70 SO. NO. 333 NASHVILLE, TN 37221 ISSUANCE DATE: 07/07/1998 REQUEST NUMBER: 98188121 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/01/1996 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0304961 JURISDICTION: TENNESSEE

REQUESTED BY: CAPITAL FILING SERVICE, INC. 7051 HIGHWAY 70 SO. NO. 333 NASHVILLE, TN 37221 ONLEGO CONTROLS

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"CAPITOL USA, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

CAPITAL FILING SERVICE, INC.

ON DATE: 07/07/98

RECEIVED:

FEES \$380.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$380.00

RECEIPT NUMBER: 00002334469 ACCOUNT NUMBER: 00101230

#333 NASHVILLE, TN 37221-0000

FROM:

7051 HWY 70 S



RILEY C. DARNELL SECRETARY OF STATE