

# MA8000001555

Document Number Only

CT Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

000002717390-5  
-12/21/98-01045-023  
\*\*\*\*285.00 \*\*\*\*285.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Questcap, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                  | <input type="checkbox"/> Merger                               |
| <input type="checkbox"/> NonProfit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal     | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report              | <input type="checkbox"/> Other                                |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Name Registration          | <input type="checkbox"/> Change of R.A.                       |
| <input type="checkbox"/> Fictitious Name     | <input type="checkbox"/> UCC-1 Financing Statement  | <input type="checkbox"/> UCC-3 Filing                         |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies               | <input type="checkbox"/> CUS                                  |
| <input type="checkbox"/> Call When Ready     | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30                           |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                  | <input checked="" type="checkbox"/> Pick Up                   |
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. QuestCap, LLC  
(Name of foreign limited liability company must end with the words "limited liability company" or "limited  
company" or their abbreviations "L.L.C." or "L.C." if not so contained in the name at present.)

2. Oregon 3. 58-2318286  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. June 3, 1998 5. June 3, 2028  
(Date of Organization) (Duration: Year limited liability company will  
cease to exist or "perpetual")

6. December 1, 1998  
(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.)

7. 900 S.W. Fifth Avenue, #1850, Portland, Oregon 97204  
(Street address of principal office)

8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who  
will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
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<u>See 1 in Addendum</u>			

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9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official  
having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign  
language, a translation of the certificate under oath of the translator must be submitted.)

## Addendum

1. Name: Gilbert M. Lorenz  
Title: MGR  
c. 2970 Clairmont Road, Suite 150, Atlanta, Georgia 30329  
  
Name: James M. Murphy  
Title: MGR  
c. Ten Winthrop Square, Suite 100, Boston, Massachusetts 02110  
  
Name: Michael S. Ward  
Title: MGR  
c. 3400 Carew Tower, Cincinnati, Ohio 45202

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**QUESTCAP, LLC**

was  
organized  
under the Oregon  
**Limited Liability Company Act**  
on  
**June 3, 1997**


and is active on the records of the Corporation Division as  
of the date of this certificate.



In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.

PHIL KEISLING, Secretary of State

By



Marilyn R. Smith

October 12, 1998

**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. The name of the Limited Liability Company is:

QuestCap, LLC.

2. The name and the Florida street address of the registered agent and office are:

C T CORPORATION SYSTEM  
(Name)

1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation                      FL                      33324  
(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.*

C T CORPORATION SYSTEM

*Susan J. Meizo*  
(Signature)

Susan J. Meizo  
Assistant Secretary

**Filing Fee: \$ 35 for Designation of Registered Agent**

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

The undersigned member or authorized representative of a member of QuestCap, 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 \$ 75,000 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ n/a ;  
(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 \$ 75,000 .  
(This total includes amounts from 2 and 3 above.)

Michael S. Ward

**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.)

Michael S. Ward

Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**