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April 22, 1999

Division of Corporations Florida Secretary of State Post Office Box 6327 Tallahassee, Florida 32314

Re:

CAP Partners, LLC -- Application for Certificate of Authority -

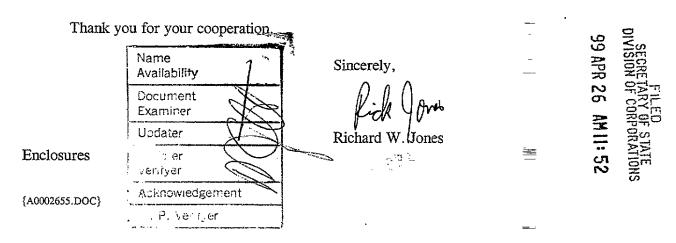
[PBJ&M File No. 2770.00]

#### Gentlemen:

On behalf of CAP Partners, LLC., we are hereby filing the following documents as an application for authorization to transact business in Florida:

- 1. One (1) original and one (1) exact copy of the Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 2. One (1) original and one (1) exact copy of the Affidavit of Membership and Contributions of Foreign Limited Liability Company;
- 3. Certificate of Designation of Registered Agent/Registered Office;
- 4. A Georgia Certificate of Existence; and
- 5. A check in the amount of \$285.00, payable to the order of the Florida Department of State, which amount includes the applicable filing fees and the fee for a Certificate of Status.

Please process this filing in your normal manner, and call me at the above-noted telephone number if you need additional information.



# 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:

Georgia	3	. 59-3559115		
sdiction under the law of which foreign l pany is organized)	imited liability		er, if applicabl	e)
03/01/99	5			
(Date of Organization)		(Duration: Year limited exist or "perpetual")	liability compa	any will cease to
Co begin following approval				<u> </u>
(Date first transacted busines	s in Florida. (See	sections 608.501, 608.502,	and 817.155, F	.S.)
217 SW 43rd Lane			, <u>-</u>	
ainesville, FL 32608			-=-	
	of each managi		nal page if no	
Kenneth M. Cornell	of each managi y company in l	ng member[MGRM] o Florida: (attach additio	nal page if no	ecessary)
manage the foreign limited liabilit  NAME & ADDRESS:	of each managi y company in l	ng member[MGRM] o Florida: (attach additio	nal page if no	ecessary)
manage the foreign limited liabilit  NAME & ADDRESS:  Kenneth M. Cornell  9217 SW 43rd Lane	of each managi y company in l	ng member[MGRM] o Florida: (attach additio	nal page if no	ecessary)
manage the foreign limited liabilit  NAME & ADDRESS:  Kenneth M. Cornell  9217 SW 43rd Lane	of each managi y company in l	ng member[MGRM] o Florida: (attach additio	nal page if no	ecessary)
manage the foreign limited liabilit  NAME & ADDRESS:  Kenneth M. Cornell  9217 SW 43rd Lane	of each managi y company in l	ng member[MGRM] o Florida: (attach additio	nal page if no	ecessary) TITLE:
manage the foreign limited liabilit  NAME & ADDRESS:  Kenneth M. Cornell  9217 SW 43rd Lane	of each managi y company in l	ng member[MGRM] o Florida: (attach additio	nal page if no	TITLE:  99 APR 26
manage the foreign limited liabilit  NAME & ADDRESS:  Kenneth M. Cornell  9217 SW 43rd Lane	of each managi y company in l	ng member[MGRM] o Florida: (attach additio	nal page if no	TITLE:

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.)

## **Secretary of State**

Corporations Division 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K90970514
CONTROL NUMBER : K910153
DATE INC/AUTH/FILED: 03/01/1999
JURISDICTION : GEORGIA
PRINT DATE : 04/07/1999
FORM NUMBER : 211

PERRIE BUKER JONES & MORTON, P.C. LESLIE B. KAUFMAN 115 PERIMETER CENTER PL. STE. 170 ATLANTA GA 30346

# CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### CAP PARTNERS, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

CATHY COX

SECRETARY OF STATE



# 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 Co.	mpany is:		<del></del> 	
	CAP PARTNERS,	IIC		- - -	
2. The name and th	e Florida street addre	ess of the registe	red agent and	office are: 💆	
_	Kenneth M. Corne			- -	<u></u> :
		(Name)			
	9217 SW 43rd Lan	e		<u>=</u>	
	Florida street a	address (P.O. Box	NOT ACCEPTABI		
	Gainesville	FL	32608	<del>_</del>	
		City/State/	Zip	<del></del>	

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.

Kuft M. Call
(Signature)

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 CAP PARINERS, LIC
certifies:
1) the above named limited liability company has at least one member;
2) the total amount of cash contributed by the member(s) is \(\frac{1}{2}\), \(\frac{1}{2}\), \(\frac{1}{2}\), \(\frac{1}{2}\).
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.)  \$\frac{1,001}{}\$.
Signature of a member or an 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.)
Kenneth M. Cornell
Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit