P.O. Box 81327 Baton Rouse, LA 70884 (504) 769-6880 Fax: (504) 769-6882

April 30, 1999

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Enclosed, please find Magna Carta Group, L.L.C.'s completed application for the authority to transact business in Florida along with a check in the amount of \$346.25 for the applicable fees. Also enclosed is an original Certificate of Existence for the corporation from the State of Louisiana.

Please feel free to contact us if you have any questions.

Sincerely;

500002861525--5 -05/04/99--01034--011 ****346.25 ****346.25

C.H. Simpson

President & Managing Member

ec eus

SECRLIARY OF STATE TALLAHASSEE FLORIBLE

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:

tained in the name at present.) Louisiana	3	72-1282374	
ction under the law of which foreign y is organized)	limited liability	(FEI number,	f applicable)
(Date of Organization)	5	2044 (Duration: Year limited liabilexist or "perpetual")	lity company will cease t
1/27/99 (Date first transacted busine	ss in Florida. (See se	ctions 608.501, 608.502, and 8	317.155, F.S.)
11017 Perkins Rd., Suite	•	,	
Baton Rouge, LA 70810	(Street address of 1	orincipal office)	
me, title, and business address	of each managing	member[MGRM] or mar	nager[MGR]who
me, title, and business address mage the foreign limited liabili NAME & ADDRESS:			age if necessary)
nage the foreign limited liabili	ity company in Fi	orida: (attach additional p	age if necessary)
nage the foreign limited liabili NAME & ADDRESS: Mr. C.H. Simpson	TITLE:	orida: (attach additional p	age if necessary)
nage the foreign limited liabili	TITLE:	orida: (attach additional p	age if necessary)
nage the foreign limited liabili NAME & ADDRESS: Mr. C.H. Simpson 11017 Perkins Rd., Suite	TITLE:	orida: (attach additional p	age if necessary)
nage the foreign limited liabili NAME & ADDRESS: Mr. C.H. Simpson 11017 Perkins Rd., Suite	TITLE:	orida: (attach additional p	age if necessary) : TITLE:
nage the foreign limited liabili NAME & ADDRESS: Mr. C.H. Simpson 11017 Perkins Rd., Suite	TITLE:	orida: (attach additional p	age if necessary) TALLAHASSE
nage the foreign limited liabili NAME & ADDRESS: Mr. C.H. Simpson 11017 Perkins Rd., Suite	TITLE:	orida: (attach additional p	age if necessary) TITLE: SECRE (ANY - 4 A) TALLAHASSEE
nage the foreign limited liabili NAME & ADDRESS: Mr. C.H. Simpson 11017 Perkins Rd., Suite	TITLE:	orida: (attach additional p	age if necessary) TALLAHASSE

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 eath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of		
Magna Carta Group, L.L.C. 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	\$ 1,245,000;	117 TE 1528
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 contribute by member(s) is (This total includes amounts from 2 and 3 above.)	ed \$_1,245,000°.	
Gel Dempen	.5.	at
Signature of a member or an authorized representative of a me (In accordance with section 608.408(3), Florida Statutes, the execution of thi affidavit constitutes an affirmation under the penalties of perjury that the fact stated herein are true.)	S	- · -
C.H. Simpson	99M SEC	
Typed or printed name of signee	HAY -4 AM 9: 5	

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.	The name of the Limited Liability Company is:				
	Magna Carta Group, L.L.C.				
2.	The name and the Florida street address of the registered agent and office are:				
	Charles H. Simpson				
	(Name)				
	5437 Tivoli Terrace Drive	 .			
Florida street address (P.O. Box NOT ACCEPTABLE)					
	Destin FL 32541				
	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.

(nightaruit

Charles H. Simpson

Filing Fee: \$ 35 for Designation of Registered Agent

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SECRETARY OF STATE

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

the Articles of Organization of

THE MAGNA CARTA GROUP, L.L.C.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 19, 1994,

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

SECRETARY SE STATE
TALLAHASSEE FLORIDA

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,

April 28, 1999

CVI 34476247K Secretary of State

