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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

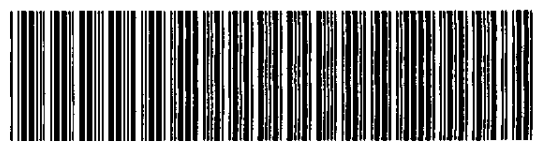
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Capital Choice Investment Advisers, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debara Wallace  
Name of Person  
Capital Choice Financial Group  
Firm/Company  
320 N. Broad St.  
Address  
Thomasville GA 31792  
City/State and Zip code  
dwallace@capitalchoicegroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debara Wallace at (229) 228-1802  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. Capital Choice Investment Advisers, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia, USA 3. 20-1917498 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-26-2007 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 320 N. Broad St. Thomasville GA 31792 (Principal office address)

320 N. Broad St. Thomasville GA 31792 (Current mailing address)

8. Offer investment advisory services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Debara Wallace

Office Address: 6529 Iron Liege Trl.

Tallahassee, Florida 32309 (City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Debara Wallace (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE TALLAHASSEE FLORIDA 11 NOV 15 PM 1:46

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Richard Kinnard  
Address: 320 N. Broad St.  
Thomasville GA 31792

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Richard Kinnard  
Address: 320 N. Broad St.  
Thomasville GA 31792

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: Charles Moberly  
Address: 320 N. Broad St.  
Thomasville GA 31792

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Charles Moberly  
Address: \_\_\_\_\_

Treasurer: Charles Moberly  
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Richard L. Kinnard  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Richard L. Kinnard Chairman / Director  
(Typed or printed name and capacity of person signing application)

Control No. 07103414

# STATE OF GEORGIA

Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Drive  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FILED

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

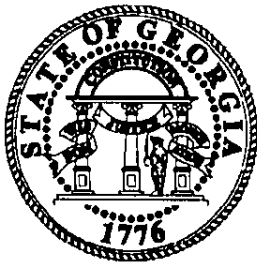
### CAPITAL CHOICE INVESTMENT ADVISERS, INC.

#### Domestic Profit Corporation

was formed or was authorized to transact business on 12/26/2007 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 14th day of November, 2011

Brian P. Kemp  
Secretary of State