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SECRETARY OF STATE
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06 (237 - 3 L.) # 16



ACCOUNT NO. : 072100000032

REFERENCE

<u>95</u>9615

5155750

AUTHORIZATION C

COST LIMIT

**1**25.00

ORDER DATE: April 3, 2006

ORDER TIME : 2:46 PM

ORDER NO. : 959615-005

CUSTOMER NO: 5155750

FOREIGN FILINGS

NAME: ALVAREZ & MARSAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign L	imited Lia	bility Company)
Delaware	3.	51-0474741
Jurisdiction under the law of which foreign limited list company is organized)	ability	(FEI number, if applicable)
June 27, 2003	5	Perpetual
(Date of Organization)	-	Perpetual  (Duration: Year limited liability company will coase to exist or "perpetual")
(Date first transacted busine (See sections 608.501 & 608.5 600 Lexington Avenue, New York, New York 1002)	502 F.S. to	da, if prior to registration.) of determine penalty liability)
- 1000 Lexington Avenue, 14ew 10tx, 14ew 10tx 10022		
(Street A	ddress of	Principal Office)
If limited liability company is a manager-ma	maged co	ompany, check here
The name and usual business addresses of th	e manag	ing members or managers are as follows:
Antonio C. Alvarez II, 600 Lexington Avenue, 6th	Floor, Nev	v York, New York 10022
Bryan P. Marsal, 600 Lexington Avenue, 6th Floor,	New Yor	k, New York 10022
	_	
e jurisdiction under the law of which it is organized (A pinus and a continuation of the certificate under oath of the translator must	notocopy is be submit	•
. Nature of business or purposes to be conduc	cted or p	romoted in Florida: consuming services
(In accordance with acction 608.4) an affirmation under the penalties	08(3), F.S.,	prized representative of a member. the execution of this document constitutes that the facts stated herein are true.)
Typed or p	rinted n	ame of signee

## 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:	
_A	Alvarez & Marsal, LLC	
2.	. The name and the Florida street address of the registered agent and office are:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahasseo 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 as provided for in Chapter 608, Florida Statutes.

By: Almanum (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALVAREZ & MARSAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALVAREZ & MARSAL, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Farriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4639211

DATE: 04-03-06

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