

CT CORPORATION SYSTEM

B01600000220

CORPORATION(S) NAME

Washington Mutual Finance, L.P.

01 JUN 21 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LP- 87.50
CERT 52.50

- | | | |
|---|---|---|
| <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 type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input 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 |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

6/21/01

BK

Order#: 4244124

800004437428--0

Ref#: -06/22/01--01065--005
****140.00 ****140.00

Amount: \$ _____

BK

CORA FOR LP

To: Buck MS

Please call me if the money is not right.

Owns A million
was put in

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. WASHINGTON MUTUAL FINANCE, LP (TEXAS)

(Name of limited partnership as it is in the home state)

2. (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")

TEXAS

MAY 1, 2001

3. (State of Formation)

4. (Date of Formation)

CT CORPORATION SYSTEM

5. (Name of Registered Agent for Service of Process)

1200 SOUTH PINE ISLAND ROAD

6. (Street Address of Registered Office)

PLANTATION

Florida

33324

(City)

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

CT CORPORATION SYSTEM

By: Barbara A. Burke
(Agent must sign on this line)

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

9401 LBJ Freeway, Suite 420, Dallas, TX 75243

8. (Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Washington Mutual Finance of Texas, LLC

8900 Grand Oak Circle, Tampa, FL 33637

MOJ UUUU OY

9401 LBJ Freeway, Suite 420, Dallas, TX 75243

10. (Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA

8900 Grand Oak Circle, Tampa, Fl 33637-1050
12.

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 1st day of MAY, 2001

Washington Mutual Finance of Texas, LLC

By: [Signature]
General Partner Dan P. Leary, V.P.

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

On this 1st day of MAY, 2001

Daniel P. Leary, V.P. of Washington Mutual Finance of Texas, LLC, personally appeared before me, on behalf of said company, a Delaware limited liability co., general partner of Washington Mutual Finance, L

- who is personally known to me
- whose identity I proved on the basis of _____

[Signature: Sylvia C. Hall]
(Notary Public Signature)

(Notary's Printed Name)

Seal My Commission Expires: _____



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 TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Daniel P. Leary, Vice President of Washington Mutual

BEFORE ME the undersigned personally appeared Finance of Texas, LLC, a Delaware limited liability co.
a general partner of WASHINGTON MUTUAL FINANCE, LP (TEXAS), a (an) TEXAS
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 990.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 15th day of MAY, 2001

WASHINGTON MUTUAL FINANCE OF TEXAS, LLC

By: [Signature]
General Partner
Dan P. Leary, V.P.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

On this 15th day of MAY, 2001

Daniel P. Leary, VP of Washington Mutual Finance of Texas, LLC
personally appeared before me,
who appeared on behalf of the company, general partner of Washington Mutual Finance, LP (Texas)

- who is personally known to me
 whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

(Notary's Printed Name)



Seal My Commission Expires: _____