B98000000421

Document Number Only		707	SECRETARY OF DIVISION OF CORPC	
CT Corporation System			STATE PRATIO	
Requestor's Name 660 East J efferson St	reet		7 %	
Address Tallahassee, FL 32310	222-1092		•	
City State Zip	Phone	00	0002 573740 -06/26/9801070017	
CORPORATI	ON(S) NAME		*****87.50 *****87.5	50
			,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Archan Finar	cial, L.P.			
() Profit () NonProfit	() Amendmer	nt	() Merger	
foreign	() Dissolution	/Withdrawal	() Limited Liability Cor	npan
() Reinstatement () Fictitious Name () Certified Copy	() Annual Rep ()Name Regis ()UCC-1 Finar () Photo Cop	tration ncing Statemen	() Other () Change of R.A. t() UCC-3 Filing () CUS	
() Call When Ready (x) Walk in () Mail Out	XX) Call if Prob () Will Wait	lem	() After 4:30 ⊗ Pick Upy 300 1	
Document Examiner MH	leas z R e turn Extra C ile Stamped. Thank		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Verifier Acknowledgment W.P. Verifier	Hope (Dil	2	

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

1. ARCHON Financial, L.P. (Name of limited partnership as it is in the home state;				
2. (If name is unavailable, name under which transact business in Florida; must contain	the limited partnership proposes to register or the word "LIMITED" or "LTD.")			
3. Delaware (State of Formation)	4. <u>10/7/98</u> (Date of Formation)			
C T CORPORATION SYSTEM (Name of Registered Agent for Service of Process)				
	c/o C T Corporation System, 1200 South Pine Island Road (Street Address of Registered Office)			
City) 7. Acceptance by the Registered Agent for S	Florida 33324 58 58 58 58 58 58 58 58 58 58 58 58 58			
C T CORPORATION SYSTEM CONNE BRYAN (Officer must sign on this light assistant secretary)				
(Type Name	e and Title of Officer)			
8. 600 East Las Colinas Blvd., St (Address of Registered Office required in Principal Office.)	State of Formation or, if not required, Address of			
9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS			
ARCHON Financial, LLC	600 Eāst Las Colinas Blvd Suite 800 Irving, Texas 75039			
V .				
10. 600 East Las Colinas Blvd., St	uite 800, Irving, Texas 75039 and Contributions of Limited Partners are kept.)			
11. The limited partnerhsip will undertake	to keep the records listing the addresses and or limited partners until the limited partnership's			
12. 600 East Las Colinas Blvd., St	uite 800, Irving, Texas 75039			

	This 22 nd day of June , 19 98.
	ARCHON FINANCIAL, LLC, a Delaware limited liability company
	Joseph M. astorna
	General Partner Joseph M. Osborne, Vice President
	General Counsel and Secretary
ŧ	STATE OF TEXAS
	COUNTY OF DALLAS
	of Sune , 19 98 , by and sucretary of Archon financial, Luc (Name of General Partner) of ARCHON Financial, L.P.
	(Name of Limited Parntership), A Delaware (State or Country) Limited
	Partnerhsip, on behalf of the Limited Partnership.
	Koven L. Hornich Notary Public
	State of <u>Texas</u> at Large
	(SEAL) My Commission Expires:

KAREN L. HORNICK
Notary Public
State of Texas
My Commission Expires
November 29, 2001

*BIVISION OF CORPORATIONS
98 JUN 26 PM 2: 57

AFFI	DAVIT OF CAPITAL CONTRIBUTIONS
BEFORE ME, the undersigned general partner of ARCHON Delaware, limited certifies as follows:	Joseph M. Osborne, Vice President General Counsel and Secretary of ned, personally appeared ARCHON Financial, LLC, a Financial, L.P., a (an) ed partnership, hereinafter referred to as the "Partnership", who
1. The amount of capital co	ontributions of the limited partners is \$ 250,000
2. The anticipated amount cated for the purposes of tr	of the capital contributions of the limited partners that are allo- ansacting business in Florida is \$\times_{\infty} = \tag{2.5}
This 22 ^{r®} day of _	
FURTHER AFFIANT SA	YETH NOT.
Under penalties of perjury true, to the best of my know	I declare that I have read the foregoing and that the facts are wledge and belief.
	ARCHON Financial, LLC, a Delaware limited liability company General Partner
	Joseph M. Osborne, Vice President, General Counsel and Secretary 28 28 28 28 28 28 28 28 28 2
STATE OF TEXAS	
DATE June 22, 1998	PM 2: 57
to take acknowledgments i	nned officer, a Notary Public authorized to administer oath's and named for the State and County set forth above, personally ap- (General Partner, known to me and known by
me to be the person who e acknowledged to me and be partnership.	executed the foregoing Affidavit of Capital Contributions, and he before me that he executed this Affidavit as General Partner of said
IN WITNESS WHEREOF, State and County aforesaid 19 98	I have hereunto set my hand and affixed my official seal, in the d, this,
	Koven L. Hornile
KAREN L. HORNICK Notary Public	Notary Public
State of Texas My Cammission Expires November 29, 2001	State of <u>Texa s</u> at Large My Commission Expires:
	11/20/2001