F00000003460

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

	/	10
DATE:_	<u>Q</u> 1.	17

200003295162--4 -06/19/00--01067--007 *****87.50 *****87.50

	Corporation(s) Name	
		1
Lite.	Settlement Corp	ooration =
Profit	()Amendment	()Merger
()Nonprofit ()Foreign ()bLC	()Dissolution ()Withdrawal	()Mark
()Limited Partnersh ()Reinstatement ()UCC () 1 or () 3	ip ()UBR ()Fititious Name	()Other ()Ch. RA
***Special Instructions*	**	19 N SSEE, N
Certified Copy ()arts/ameds/mergers () 0	()Photocopies	Cus Called to
(XXX)Walk in	(XXX)Pick-up	()Will Wait

Please Return Filed Stamped Copies To:

Carol Clark

Thank You!

BKQ19

TRANSMITTAL LETTER

Γo:	Qualification/Tax Lien Section	الله الله الله الله الله الله الله الله
,	Division of Corporations	
SUBJ	TECT: Life Settlement Corporation (Name of corporation - must include suffix)	7 80
	(Marie of talparation)	12.
Dear !	Sir or Madam:	5 %
The e	enclosed "Application by Foreign Corporation for Authorization to Transact Business in Fl	onda,
"Cert	ifficate of Existence", and check are submitted to register the above referenced foreign corp	,
transa	act business in Florida.	
Diago	se return all correspondence concerning this matter to the following:	•
Pieas	se return an correspondence comoving and annual and annual	
	Craig M. Lessner	e e e e e e e e e e e e e e e e e e e
	(Name of Person)	a - Lt I amont a
	Life Settlement Corporation d/b/a Peachtree Life	settrements
	(Firm/Company)	
	(Film Company)	
	5085 Avalon Ridge Parkway	· ·
	(Address)	•
,	Norcross, GA 30071	
	(City/State/Zip)	
C1	uld you need to call someone concerning this matter, please call:	
Snot	and you need to can someone concorning and and any pro-	
Ja	ason Sutherland at (770) 261-1226	
	(Name of Person) (Area Code & Daytime Telephone Number)	
	•	
CTT	REET ADDRESS: MAILING ADDRESS:	·
211		·
Oua	alification/Tax Lien Section Qualification/Tax Lien Section	
	rision of Corporations Division of Corporations	
	P.O. Box 6327 T. Websers Ft. 32314	_
Tall	lahassee, FL 32399 Tallahassee, FL 32314	
	fallowing amount!	
Enc	closed is a check for the following amount:	
_	\$70.00 Filing Fee	-
ه لايا	Certificate of Status Certified Copy Certific	ate of Status &
	Certifie	а Сору

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

					1
IN COMPLIANCE	WITH SECTION 607.1503, FLORIDA STATU	TES, THE	FOLLOWING IS SUBM	TTED TORRES	250
REGISTER A FORE	IGN CORPORATION TO TRANSACT BUSH	NESS IN TE	IE STATE OF FLORIDA		
_				3	
	ement Corporation ion; must include the word "INCORPORATED",	"COMPAN	Y", "CORPORATION" of		**************************************
	tions of like import in language as will clearly inc	meate mas it	is a corporation instead of	a 5	15
natural person or j	partnership if not so contained in the name at pres	ent.)			
		-	•		
2. <u>Georgia</u>	3.	58-	2548204 (FEI number, if applicable		
(State or country u	nder the law of which it is incorporated)		(FEI number, it applicable	<i>,</i>)	
4. <u>May 30, 20</u>	on 5 P	erpetua	1		·
4. <u>May 30, 20</u> (Date	of incorporation) (Duration	on: Year cor	p. will cease to exist or "po	erpetual")	-
		doing	business in Fló	<u>rida upo</u> n	ı
77 A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
receipt of	its authorization to transa	ct busi	ness.	e Telloria	. <u></u>
7. 5085 Avalo	on Ridge Parkway				
Norcross,	GA 30071		·		
	(Current mailing address))			
8 Viatical	Settlement Provider	<u> </u>	- er: -:4-\	`	
(Purpose(s	Settlement Provider) of corporation authorized in home state or coun	try to be can	ned out in state of Florida)		
o St and obso	et address of Florida registered agent: (P.C	D. Box or M	fail Drop Box NOT acce	ptable)	
9. Name and sire					
Name: _	CT Corporation System	_			· · · · · · · ·
	1200 South Pine Island Rd.			12 1	
Office Address:			•	e d ese	
	Plantation	, Florida,	33324	• • • • · · · · · · · · · · · · · · · ·	
-			(Zip code)		
10. Registered a	gent's acceptance:		•		
77	d as registered agent and to accept service of pro	cess for the	above stated corporation of	at the place desi	ignated
in this application,	d as registered agent and to accept service of pro I hereby accept the appointment as registered a	gent and agr	ee to act in this capacity.	I further agree nd I am familia	to er with
accomply with the DE	ovisions of all statutes relative to the proper unu	complete pe	rjormance of my auties, a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
and accept the obli	gations of my position as registered agent.		BAIFW MOR	RIŠ	
	Dale St. W.		DALE W. MOR Assistant vice pr	ESIDENT	
	(Registered agent's sign	ature)	•		
	ertificate of existence duly authenticated, not mo	re than 90 da	ays prior to delivery of this	application to t	he
 Attached is a c 	estincate of existence duty administration, not mo	a custody of	corporate records in the ju	irisdiction unde	r the law

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.

	•	D.O. Pow NOT accentable)	ON SE
		TORS (Street address only - P.O. Box NOT acceptable)	8
		Timothy J. Trankina	4 9
	Address: _	5085 Avalon Ridge Parkway	3000
	_	Norcross, GA 30071	2
	Vice Chair	man: <u>James D. Terlizzi</u>	
	Address: _	5085 Avalon Ridge Parkway	
	_	Norcross, GA 30071	.s
	Director:		(A) 1- (A)
	Address:		
	-		G. C.
	Director:		The second of th
	Address:		
	B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)	The second secon
CEO		Timothy J. Trankina	- 12 47 H = 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Address:	5085 Avalon Ridge Parkway	
		Norcross, GA 30071	
	Vice Pres	ident:	
	Address:		
	<i>-</i>	Tomog D. Worliggi	7
	_		
	Address:	5085 Avalon Ridge Parkway	·
		Norcross, GA 30071	
CFO	-Treasurer	: Timothy J. Trankina	
	Address:	5085 Avalon Ridge Parkway	
			Fig
	NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or director	S.
	13	If necessary, you may attach an addendum to the application listing additional officers and/of the coordinates and/officers and/officer	
		/	·
	14.	Tames D. Terli22: vice chairman (Typed or printed name and capacity of person signing application)	

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 001591063
CONTROL NUMBER : 0024920
DATE INC/AUTH/FILED: 05/30/2000
JURISDICTION : GEORGIA

PRINT DATE : 06/07/2000

FORM NUMBER : 211

PEACHTREE SETTLEMENT FUNDING JASON SUTHERLAND 5085 AVALON RIDGE PKWY NORCROSS, GA 30071

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LIFE SETTLEMENT CORPORATION A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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 abovenamed 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.



Cathy Cox Secretary of State