F01000004963

TRANSMITTAL LETTER

TO: Registration Division of C			-
SUBJECT:		oldings, Inc	·
	(Name of corp	oration - must include suffix	
Dear Sir or Madam: The enclosed "Applic	cation by Foreign Corporation	n for Authorization to Tarres	2000045986328 -09/19/01-01062-002 *****70.00 *****70.00
"Certificate of Existe to transact business in	nce, and check are submitte	d to register the above refere	nced foreign corporation
Please return all corre	spondence concerning this m		
		Gallagher	
	PRIVATE CA	pital Manasci	mert, L.P.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	889 Pelican	Company) BA-Barley	ARd Str. 500
Naple	s/Florida/	Address) 3 34108-75(6 ate and Zip code)	<u> </u>
For further information	n concerning this matter, plea	1	
List K. Ca (Name of Pers	llashor at 194	2 SU - QS ea Code & Daytime Telepho	SQ 7
	, (	ou code & Dayamo Telepho	ne Number)
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 -Tallahassee, FL 32314	AR A
Enclosed is a check for	the following amount:	-	PH 8: FLOR
\$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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) engage in any lawful act or activities permitted by a (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) and percent 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Pelican Bay Blud, Str. 500 Florida 34108-7512 (Zip code) Office Address: 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 actin 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.

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.

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

A. DIRECTO		
Chairman:		v
Address:	100 Light Street	<u></u>
·	Baltimore, MARYLAND 21202	
Vice Chairman:		BC#N
Address:		
<u> </u>		
Director:	- KAymond [ ) Ason)	-
Address:	LUO USA Street	
	-DAITIMORE INTARVIAND DIDIZ	
Director:	- limo In Scheve	
Address:	100 Light Street	<u>— 4.</u> 1 - 1- 1
	Baltimore, MARYLAND 21200	<del></del> ,
B. OFFICERS		
	CRESS POWERS	
Address:	R889 Pelican BAy Blud. Ste 500	
	NAPLS Florida 34108-7512 =000	
Vice President:	Naples Florida 34108-7512 2000 Lisa K. Gallagher	
Address:	8889 Pellean Bay Blud. Ste 5005 = F	<del></del> :
	MAPRS, Florida 34108-75(29 = 17	
Secretary:	David G. Songe	<del></del> · - ·
Address:	- 8889 PeliDAN BAN Blud SLEDG	·
Treasurer: (Sane	1) Nagres Florida 34108-7512	<u></u>
Address:	-> David G. Sonce	<u></u>
MORNE YO		<u></u>
	ary, you may attach an addendum to the application listing additional officers and/or directors.	
13(Si	ignature of Chairman Vice Chairman or any off I	
14	ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  V. P. and General Counsel	
	(Typed or printed name and capacity of person signing application)	· · ·

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PCM HOLDINGS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 06, 2001.

Paul B. Under

Paul B. Anderson Charter Division 01 SEP 19 PM 8: 49
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

