

F96000006692

TOD A. STERZOY
Holland and Knight

(Requestor's Name)	
315 South Calhoun Street	Suite 600
(Address)	
Tallahassee, Florida	32302
(City, State, Zip)	(Phone #)
	425-5625

OFFICE USE ONLY

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-12/20/96--01059--016
2082.50 *122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CCA Funding Manager Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

96 DEC 20 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

File

☒ Walk in
 ☒ Pick up time 4:00
 ☒ Certified Copy
 ☐ Certificate of Status
☐ Mail out
☐ Will wait
☐ Photocopy

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☒	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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DIVISION OF CORPORATION

Examiner's Initials	
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. C.C.A. FUNDING MANAGER, INC.
(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.)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. 65-0713530
(FEI number, if applicable)
4. 12/13/96
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or perpetual)
6. 12/12/96
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.153, F.S.)
7. 3050 N. HORSESHOE DR., SUITE 260
NAPLES, FL 33942
(Current mailing address)
8. HEALTHCARE BUSINESS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: CT Corporation System
Office Address: 1200 S. Pine Island Road
Plantation, Florida, 33324
(Zip Code)

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 act in 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.

Connie Bryan
(Registered agent's signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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.

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

A. DIRECTORS

Director:
Chairman: John J. Brunelli
Address: 461 Fifth Ave Suite 19
New York, NY 10017

Director:
Vice Chairman: Timothy Trybus
Address: 3050 N Horseshoe Drive Suite 260
Naples, FL 33942

Director: David H. Faler
Address: 3050 N Horseshoe Drive Suite 260
Naples, FL 33942

Director: _____
Address: _____

B. OFFICERS

President: Gary W. Singleton
Address: 3050 N. Horseshoe Drive Suite 260
Naples FL 33942

Vice President: David H. Faler
Address: 3050 N. Horseshoe Drive Suite 260
Naples, FL 33942

Secretary: William J. Krystopowicz
Address: 3050 N. Horseshoe Drive Suite 260
Naples, FL 33942

Treasurer: Timothy Trybus
Address: 3050 N. Horseshoe Drive Suite 260
Naples, FL 33942

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Timothy J. Trybus U.P./Treasurer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

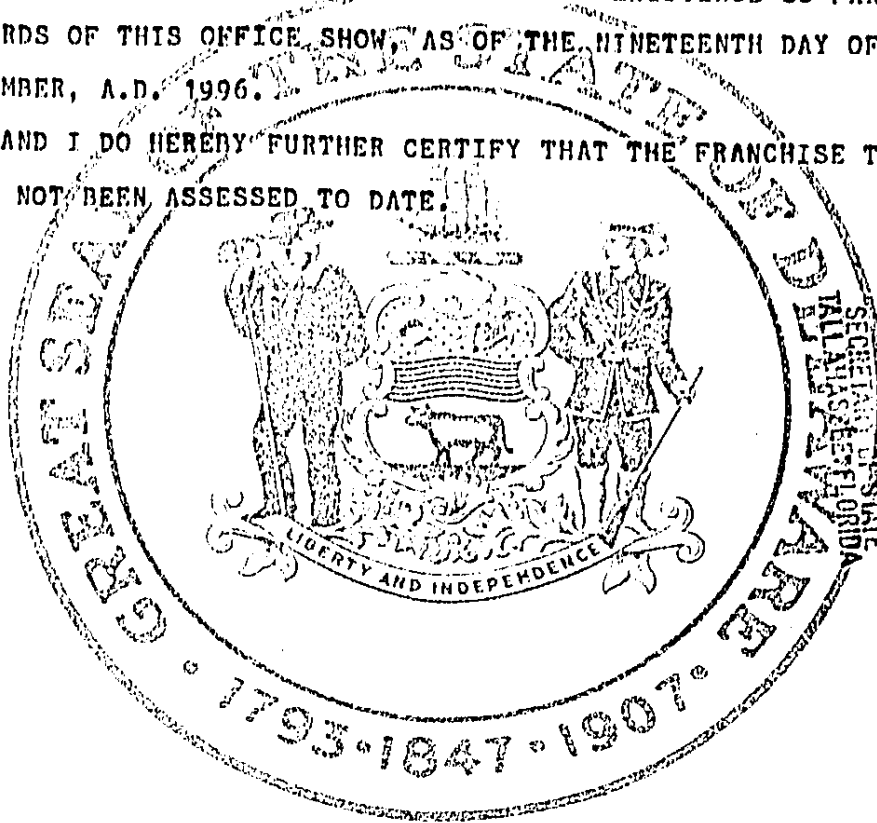
14.

TIMOTHY J. TRYBUS
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCA FUNDING MANAGER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

12-19-96