Document Number Only

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| C T CORPORATION SYSTEM | | |
|--|-------------------------------------|---|
| Requestor's Name 660 East Jefferson Street | _ | |
| Address Tallahassee, FL 32301 (| 850)222-1092 | 400003191434 -03/31/0001041025 |
| City State Zip | Phone | ****125.00 ****125.00 |
| CORPORATIO | N(S) NAME | |
| | | |
| | | |
| American Con | nmercial Capita | #4 - E |
| () Profit () NonProfit ⇔ Limited Liability Company | () Amendment | PM I2: 14 OF STATE OF STATE () Merger () |
| Foreign | () Dissolution/V | Vithdrawal () Mark |
| () Limited Partnership () Reinstatement () Limited Liability Partner | () Annual Repo () Reservation | ort () Other () Change of R.A. () Fictitious Name |
| () Certified Copy | () Photo Copie | s () CUS |
| () Call When Ready Walk In () Mail Out | () Call if Proble () Will Wait | m () After 4:30 A A A A A A A A A A A A A A A A A A A |
| Name Availability Document Examiner | 3/31 | PLEASE RETURN EXTRESOPYES) IT FILE STANDER: 0 |
| Verifier C Acknowledgment | | CONNIE BRYAN |
| W.P. Verifier | : . | |

CR2E031 (1-89)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name o | of foreign limited liability company) |
|---|---|
| Delaware | 3. 74-2904071 |
| Jurisdiction under the law of which foreign limited company is organized) | d liability (FEI number, if applicable) |
| January 12, 1999 | 5. Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| upon qualification | TAT. |
| (Date first transacted business in Flo | lorida. (See sections 608.501, 608.502, and 817.155, F.S.) |
| 5963 LaPlace Ct., Suite 300, Carlsbad, California | a 92000 : T |
| | Y OF PH |
| (Stre | eet address of principal office) |
| If limited liability company is a manager-r | |
| The usual business addresses of the manag | ging members or managers are as follows: |
| 5963 LaPlace Ct., Suite 300, Carlsbad, California | 20000 |
| 27 OF THE POST OF | 32000 |
| | |
| | |
| | |
| | |
| | |
| <u> </u> | ore than 90 days old, duly authenticated by the official having custody of record |
| • | A photocopy is not acceptable. If the certificate is in a foreign language, a |
| slation of the certificate under oath of the translator m | nust be submitted.) |
| Nature of business or purposes to be cond | ducted or promoted in Florida: Commercial finance compa |
| that originates, services and broke | ers commercial loans. |
| Duce Ken | adich MIDD |
| | r or an authorized representative of a member. |
| (In accordance with section 60 | 08.408(3), F.S., the execution of this document constitutes |
| an affirmation under the penal | alties of perjury that the facts stated herein are true.) |
| - | oble III, Manager |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | AMERICAN COMMERCIAL CAPITAL (CA) LLC | TAS O |
|----|---|---|
| 2. | The name and the Florida street address of the registered agent and office are: | FILE DMAR 31 ECRETARY LLAHASSE |
| | C T Corporation System | .D PM 12: OF ST E. FLO |
| | (Name) | 2: 14 STATE LORIDA |
| | c/o C T Corporation System, 1200 South Pine Island Road | > - |
| | Florida street address (P.O. Box NOT ACCEPTABLE) | |
| | Plantation FL 33324 | |
| | City/State/Zip | F |
| | Only, County | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Rand Co Shella (Signature) (FANCY A. SHELLEY) SPECIAL ASSISTANT SECRETARY

C T Corporation System

The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

CONSENT TO USE OF SIMILAR NAME BY AN AFFILIATED COMPANY

TO THE SECRETARY OF STATE OF THE STATE OF FLORIDA

The undersigned limited liability company hereby consents to the use by American Commercial Capital (CA) LLC, which is wholly owned by the undersigned, of a similar name.

1. The name of the consenting limited liability company is:

American Commercial Capital LLC, a limited liability company formed under the laws of Delaware.

2. The entity to which this consent is given is:

American Commercial Capital (CA) LLC

IN WITNESS WHEREOF, this corporation has caused this consent to be executed this Zepe day of February, 2000.

AMERICAN COMMERCIAL CAPITAL LLC

Bv:

James Kendrick Noble III

Manager

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State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AMERICAN COMMERCIAL CAPITAL

(CA) LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE
SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTYSEVENTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0340232

DATE:

2991699 8300