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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

CT CORPORATION SYSTEM



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 26, 2001

CT CORPORATION SYSTEM

SUBJECT: WASHINGTON MUTUAL FINANCE ASSET HOLDINGS, LLC

Ref. Number: W01000009503

We have received your document for WASHINGTON MUTUAL FINANCE ASSET HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is availd entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 901A00024807

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- WASHINGTON	MUTUAL FINANCE ASSET HOLD			_	_
DELAWARE	(Name of for	eign lin	nited liability company)		
	=	3.	59-3707423		
(Jurisdiction under company is organiz	the law of which foreign limited liabi	lity	(FEI number, if applicable)	-	
Febraury 27, 200		5.	Perpetual		
(Dat	te of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	-	
Anticipated to b	egin transacting business in Florida a	s of Ma	y 1, 2001		
(Da	ite first transacted business in Florida	. (See se	ections 608.501, 608.502, and 817.155, F.S.)		
8900 Grand Oak	c Circle, Tampa, Florida 33637-1050		· -		
•	• •			<del>-</del>	•
	(Street ad	dress of	f principal office)	-	
If limited liabili	ity company is a manager-mana	iged co	ompany, check here		
The name and u	isual business addresses of the	manao	ging members or managers are as follows:		
			Delaware corporation, single member	0	
8900 Grand Oak	c Circle, Tampa, Florida 33637-1050		AHAS	APR 26	
			U.C.	9	
		:		==	0,0
		<u>.                                    </u>	OR	 	
Attached is an orioi	inal certificate of existence no more the	an QO đa	ays old, duly authenticated by the official having custody of re	 	
jurisdiction under th	e law of which it is organized. (A pho	oconvi	is not acceptable. If the certificate is in a foreign language, a	COLCO II.	L
slation of the certific	cate under oath of the translator must be	submit	tted.)		
Nature of busin	ness or purposes to be conducted	d or p	romoted in Florida:		
	ed partnership interest in a Texas limi				
· · · · · ·	D ~ B			• .	
	Signature of a member or a	n autho	orized representative of a member.		
	(In accordance with section 608.408)	(3), F.S.,	, the execution of this document constitutes that the facts stated herein are true.)		

Daniel P. Leary, appointed Vice President for limited liability company

Typed or printed name of signee

# 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.

1.		ne Limited Liability Con		· · ·	<del></del>	ng mengangan
2.	The name and	the Florida street addres	ss of the registered agent and office ar	re:		
		CT CORPORATION SYST	TEM			
			(Name)	<u> </u>	'	en grand and a second
		1200 South Pine Island Ro	ad			
		Florida street a	ddress (P.O. Box NOT ACCEPTABLE)			ं: अधानकः
		Plantation	33324 FL			
	_		City/State/Zip			•

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..

PETER F. SOUZA
ASSISTANT SECRETARY
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

1 APR 26 PH 12: 1

#### State of Delaware

PAGE

### Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WASHINGTON MUTUAL FINANCE ASSET HOLDINGS, 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2001.

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



3362159 8300

AUTHENTICATION: 1102590

010202534 DATE: 04-26-01