## WCM, LLC May 7, 2001 OCOO 247

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

5/29

**MJH** 100004326811——8 -05/29/01--01166--017 \*\*\*\*160.00 \*\*\*\*160.00

To Whom It May Concern:

We hereby respectfully request to register WCM, LLC, a Delaware Limited Liability Company, to transact business in the State of Florida.

Attached are the following documents for you to execute our registration:

- signed and completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- signed and completed Certificate of Designation of Registered Agent/Registered Office;
- duly authenticated original certificate of existence from the State of Delaware, and
- a check in the amount of \$160.00 U.S. made payable to the Florida Department of State for filing fees, a certified copy of our registration, and a Certificate of Status.

If you have any questions regarding my request, you may call me at  $954-938-2092 \times 102$  or correspond at the address below.

Thank you.

Sincerely,

WCM, LLC

William J. O Keefe

Member

OI MAY 29 PM 5: 09
SECRETARY OF STATE
TALLAHASSEF F F TATE

## 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:

1. WCM LLC
(Name of foreign limited liability company)
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 94-3377283 (FEI number, if applicable)
To organization
4. October 11, 2000 (Date of Organization)  5. Persetual (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. April 17, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. 2000 West Commercial Blvd., Suite 133
" Esta Nost Commercial Olva, Suite 103
Fort Lauderdale, Florida 33309 (Street address of principal office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Tom Burke, 2532 Dupont Drive, Irvine, CA, 92612
William J. O'Keefe, 2000 West Commercial Blvd, Suite 133, Fort Lauderdale, FL 33:
Herbert M. Brugh, 24491 Jeronimolane, Lake Forest, CA 92630
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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
dansation of the extuneate times cannot the dansator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Provider of internet financial services EE =
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
and the positions of porjuly that the facts stated herein are title.)
William J. Okeco Typed or printed name of signee
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.

2. The name and the Florida street address of the registered agent and office are:
William J. O'Keefe
2000 West Commercial Blvd, Suite 133 Florida street address (P.O. Box NOT ACCEPTABLE)
Fort Laciderdale, FL 33309 City/State/Zip

1. The name of the Limited Liability Company is:

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..

\$100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WCM 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 SEVENTEENTH DAY OF MAY, A.D. 2001.



Harriet Smith Windson, Secretary of State

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AUTHENTICATION: 1138465

DATE: 05-17-01