

Kim Sharpe

M D I D D D O O D D O O 1 7 1 0

ACCOUNT NUMBER: FCA000000005

REFERENCE (Sub Account) _____

DATE: 7-30-01

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: _____

CONTACT NAME: _____

CORPORATION NAME: McBride Finance Corporation LLC

DOCUMENT NUMBER: _____
(if applicable)

ORGANIZATION: _____

C. Woodyard
Cynthia J. Woodyard

CERTIFIED COPY (1-0)
CERTIFICATE OF STATUS (1-0)
 PLAIN STAMPED COPY

1250

900004507329-4

Call When Ready
Walk In
Mail Out

() Call if Problem
() Will Wait

() Letter #100
() Pick Up

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUL 30 PM 12:34
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
01 JUL 30 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For: 177

JP
7-30-01

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

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

1. McBride Finance Corporation LLC
(Name of foreign limited liability company)
2. Delaware 3. 94-3401382
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 06/22/2001 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 4041 MacArthur Blvd., Suite 210, Newport Beach, CA 92660
(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:

Michelle Montano, 4041 MacArthur Blvd., Suite 210, Newport Beach, CA 92660

Phil Ross, 4041 MacArthur Blvd., Suite 210, Newport Beach, CA 92660

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.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Reseller of Information Technology Product

Philip T. Ross CFO
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
PHILIP T. ROSS
Typed or printed name of signee

01 JUL 30 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**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. The name of the Limited Liability Company is:

McBride Finance Corporation LLC

2. The name and the Florida street address of the registered agent and office are:

LEXIS Document Services Inc.

(Name)

3953 W.W. Kelley Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32311

(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.

 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 30 PM 2:17

APPROVED
AND
FILED

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCBRIDE FINANCE CORPORATION 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-SEVENTH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCBRIDE FINANCE CORPORATION LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2001.

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

APPROVED AND FILED

01 JUL 30 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1267776

DATE: 07-27-01

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