

MDI 000002494

V E S P E R S

VIATICAL & ELDERLY SETTLEMENT PROVIDERS, LLC

Tuesday, October 30, 2001

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Registration of Foreign LLC

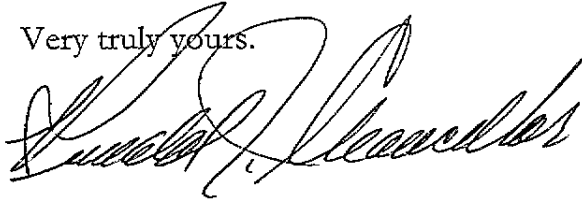
To Whom It May Concern:

000004662560--4
-11/01/01--01038--004
****160.00 ****160.00

Please find enclosed the application for registration of a foreign limited liability company for Viatical & Elderly Settlement Providers, LLC.

I have enclosed a check for \$160.00. \$100.00 for the Filing Fee, \$25.00 for the Designation of Registered Agent, \$30.00 for a Certified Copy and \$5.00 for a Certificate of Status to be forwarded to the below listed company as soon as possible. I have enclosed a Fed-Ex return envelope for the Certified Copy and Certificate of Status to be returned to us. If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours.



Ronald J. Chancellor

FILED
NOV - 1 PM 5:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

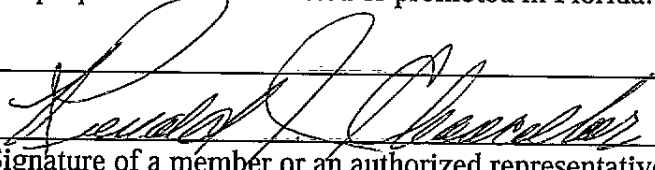
MDI-2494
OR

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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Viatical & Elderly Settlement Providers, LLC
(Name of foreign limited liability company)
2. District of Columbia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. March 15, 1999
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Not yet transacting business in Florida
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3210 Grace Street Suite 150
Washington, DC 20007
(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:
Ronald J. Chancellor, 3210 Grace Street Suite 150 Washington

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: Viatical


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.)

Ronald J. Chancellor

Typed or printed name of signer

FILED
01 NOV - 1 PM 5:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Viatical + Elderly Settlement Providers, LLC

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

Corporation Service Company
(Name)

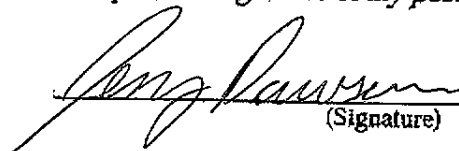
1201 Hays Street

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

Tallahassee FL 32301
(City/State/Zip)

FILED
01 NOV - 1 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature)

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the **15th** day of **March, 1999** *Articles of Organization of:*

VIATICAL & ELDERLY SETTLEMENT PROVIDERS, LLC.

WE FURTHER CERTIFY that the above named Company is in Good Standing and duly organized and existing according to the records of Corporations Division, having filed all reports as required by the District of Columbia Limited Liability Company Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this **29th** day of **October, 2001**.

David Clark
DIRECTOR

Elizabeth O. Kim
Administrator
Business Regulation Administration

Maxine M. Hinson
Act. Assistant Superintendent of Corporations
Corporations Division

Anthony A. Williams
Mayor