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ACCOUNT NO.

: 07210000032

REFERENCE

: 278721

AUTHORIZATION

COST LIMIT

\$ 125.00

ORDER DATE : November 27, 2001

ORDER TIME : 11:44 AM

ORDER NO. : 278721-020

CUSTOMER NO:

4349059

900004698599--1

CUSTOMER: Kim Desousa, Legal Assistant

Textron Financial Corporation

40 Westminster Street

12th Floor

Providence, RI

#### FOREIGN FILINGS

NAME: CLD FLORIDA, LLC

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

#### 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:

(Name	e of foreign limited liability co	ompany)	
Delaware	3. 05-0516169	<b>.</b>	
urisdiction under the law of which foreign limite	ed liability (	FEI number, if applicable)	<u> </u>
company is organized)		,	
February 23, 2001	5Perpetual		
(Date of Organization)	(Duration: Y	ear limited liability company exist or "perpetual")	will cease to
		onior or perpetual )	
Upon qualification (Date first transacted business in 1	Florida (Son continue 500 501	C00 500 1017 155 C0	· · · · · · · · · · · · · · · · · · ·
(Date 1113) (tansacted business in 1	riorida. (See Sections 608.501)	, 608.302, and 817.155, F.S.	)
40 Westminster Street			
Providence, RI 02903	treet address of principal office	——————————————————————————————————————	
(ou	acce address of principal office	;)	
f limited liability company is a manager	c-managed company choo	k hara x	
to a manager	i-managea combany, chec		
			ows:
The name and usual business addresses o	of the managing members	or managers are as foll	ows:
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The name and usual business addresses of william J. Clegg 40 Westminster 40 Westm	of the managing members er Street, Providence,  nore than 90 days old, duly auth zed. (A photocopy is not accept	or managers are as foll RI 02903	
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Typed or printed name of signee

William J. Clegg

### 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.	1. The name of the Limited Liability Company is:							
	CLD	FLORIDA,	LLC	<del>_</del>	70			
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)								

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

\$ 25.00 Designation of Registered Ages
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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## State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLD FLORIDA, 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-EIGHTH DAY OF NOVEMBER, A.D. 2001.

OI NOV 29 PM 2: 29
SECRETARY OF STATE



Darriet Smith Windson Harriet Smith Windson

AUTHENTICATION: 1467636

DATE: 11-28-01

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