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| 425-5675                              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | . +               |
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| CORPORATION NAME(5): & DOC            | ument number(s), (d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (known):                        |                   |
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| L. Profit                             | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |
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TRIESS 7 (7/97)

## 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.  | Sterling Leasing LLC (Name of foreign limited liability company)                                                                                                               |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | (Name of foreign limited hability company)                                                                                                                                     |
| 2   | State of Delaware 3. APPLIED FOR  Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)                                                    |
| (   | Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)                                                                |
| 4   | 11/14/01 5 Parportual                                                                                                                                                          |
| ٠.  | (Date of Organization)  5.   Perpetual                                                                                                                                         |
| 6.  | (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)                                                                                 |
|     |                                                                                                                                                                                |
| 7.  | 101 George King Blvd., Suite 3                                                                                                                                                 |
|     | Mare Manageral Fl 3292D                                                                                                                                                        |
|     | Cape Canaveral, FL 32920 (Street address of principal office)                                                                                                                  |
| _   | ×2011 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                                                                                                                                    |
| 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:                                                                                      |
|     | Archibald Cox, Jr.                                                                                                                                                             |
|     | Sextant Group. Inc.                                                                                                                                                            |
|     | P.O. Box 489                                                                                                                                                                   |
|     | ·Ho - Ho                                                                                                                                                                       |
|     | Scotch Plains, NJ 07076                                                                                                                                                        |
| 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: Equipment                                                                                               |
|     | $\cdot$ $\cdot$ $\cdot$                                                                                                                                                        |
|     | heasing //                                                                                                                                                                     |
|     | _ GOMM                                                                                                                                                                         |
|     | 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.) |
|     | 23 RDFVICK                                                                                                                                                                     |
|     | 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. The name of the Limited Liability Company is:                                                                                                                                                                                                                                                                                                                                                                 |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| Sterling Leasing LLC                                                                                                                                                                                                                                                                                                                                                                                             |          |          |
| 2. The name and the Florida street address of the registered agent and office are:                                                                                                                                                                                                                                                                                                                               |          |          |
| CT Colpolation System (Name)                                                                                                                                                                                                                                                                                                                                                                                     |          | <u> </u> |
| Florida street address (P.O. Box NOT ACCEPTABLE)                                                                                                                                                                                                                                                                                                                                                                 | 01/0EC   | _ ~      |
| Plantation FL 33324  (City/State/Zip)  (City/State/Zip)                                                                                                                                                                                                                                                                                                                                                          | 12 PH 4: | PROVE    |
| 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 | 19       |          |

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Consider Beyon, Special Ass t. Secy. \$ 100.00 Filing Fee for Application \$ 25.00 **Designation of Registered Agent** \$ 30.00 **Certified Copy (optional)** Certificate of Status (optional) \$ 5.00

## ` 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 "STERLING LEASING 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 THIRTIETH DAY OF NOVEMBER, A.D. 2001.

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

OLDEC 12 PM 4: 19
SECRETARY OF STATE
TALL AHASSEE, FLORIDA



Darriet Smith Windson Harriet Smith Windson, Secretary of State

3457052 8300

010610353

AUTHENTICATION: 1475079

DATE: 11-30-01