

ACCOUNT NO. : 072100000032

REFERENCE : 686916 4338256

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : July 31, 2002

ORDER TIME : 10:17 AM

ORDER NO. : 686916-020

CUSTOMER NO: 4338256

CUSTOMER: Ms. Melissa Piliere

Kirkland & Ellis 153 East 53rd Street

39th Floor

New York, NY 10022

FOREIGN FILINGS

NAME: NEWTON & ASSOCIATES, LLC

800006895648--3

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX 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

| | COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN |
|----------------|--|
| \mathbb{N} (| COMPLIANCE WITH SECTION 000-303, PLONDA STATE OF FLORIDA: ITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
| LHVI | MEDITABILITY COMMENT TO THE PROPERTY OF THE PR |
| 1. | Newton & Associates, LLC (Name of foreign limited liability company) |
| _ | (Name of foreign minted flathing company) |
| 2 | Louisiana 3. (FEI number, if applicable) |
| Ź. <u>(</u> , | Newton & Associates, LLC (Name of foreign limited liability company) Louisiana Jurisdiction under the law of which foreign limited liability company is organized) 5. Perpetual Operation Very limited liability company will cease to |
| | F Romotus 1 |
| 4. | |
| | (Date of Organization) exist or "perpetual") |
| 6. | Upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) |
| | |
| 7. | 3001 Division Street |
| | Metairie, LA 70002 (Street address of principal office) |
| | · · · · · · · · · · · · · · · · · · · |
| 8. | If limited liability company is a manager-managed company, check here |
| _ | The name and usual business addresses of the managing members or managers are as follows: |
| 9. | The name and usual business addresses of the management |
| | Thomas E. Brenan |
| | |
| | 3001 Division Street |
| | |
| | Metairie, LA 70002 |
| | |
| | |
| 10 |). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in |
| 1. | the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the estimated is in a second control of the contr |
| | translation of the certificate under cath of the translator must be submitted.) |
| | to the Collection Agent |
| 1 | 1. Nature of business or purposes to be conducted or promoted in Florida: Collection Agent |
| | |
| | 10 10 |
| | Thomas E. Forenan |
| | 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.) |
| | THOMAS C. BRENAN |
| | Typed or printed name of signee |
| | ## ^ |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

TESHAS CORPORATION PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTE 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 | Compan | y is: |
|----|----------|--------|---------|-----------|--------|-------|
|----|----------|--------|---------|-----------|--------|-------|

| Newton | δε | Associates, | LLC |
|--------|----|-------------|-----|
|--------|----|-------------|-----|

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

| Corpor | ation Service | Company | |
|-------------------|--------------------|---------------------------------------|--|
| | (Name) | | |
| | | | |
| | 1201 Hays Stree | et | |
| Florida street ad | ldress (P.O. Box N | OT 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.

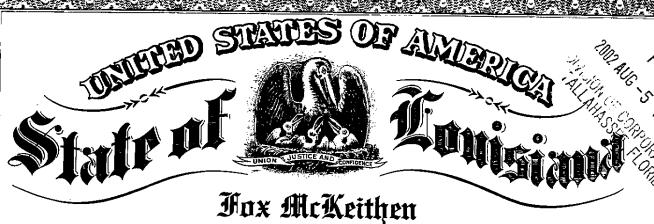
Cynthia L. Harris

<u>as its agent</u>

\$ 100.00 Filing Fee for Application **Designation of Registered Agent** \$ 25.00

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that NEWTON & ASSOCIATES, LLC

A LOUISIANA limited liability company domiciled at METAIRIE,

Filed charter and qualified to do business in this State on June 26, 2002,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In lestimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

MBE 35294226K

Secretary of State

