

M03000001793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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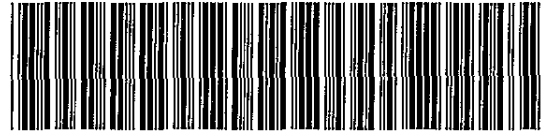
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

JK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 112900
AUTHORIZATION :
COST LIMIT : \$ 125.00

03 JUN -2 PM 1:42
FILED
TALLAHASSEE, FLORIDA

ORDER DATE : May 30, 2003

ORDER TIME : 9:53 AM

ORDER NO. : 112900-430

CUSTOMER NO: 4304756

CUSTOMER: Mr. Robert Porcelli
Bingham Mccutchen Llp
150 Federal Street

Boston, MA 02110

FOREIGN FILINGS

NAME: WEXFORD CLEARING SERVICES,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 1114

EXAMINER: _____

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. Wexford Clearing Services, LLC
(Name of foreign limited liability company)
2. Delaware 3. 13-3804783
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 12/28/1994 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 05/30/2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. One New York Plaza, New York, NY 10292-2011
(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:
SEE ATTACHMENT
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: Securities clearing broker

William J. Horan, Manager

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.)

William J. Horan
Typed or printed name of signee

**ATTACHMENT TO APPLICATION FOR
WEXFORD CLEARING SERVICES, LLC**

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03 JUN -2 PM 1:42
STATE
TALLAHASSEE, FLORIDA

NAME & TITLE

ADDRESSES

Kenneth Crowley, Manager

One New York Plaza,
New York, NY 10292-2011

William J. Horan, Manager

One New York Plaza,
New York, NY 10292-2011

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE, FLORIDA

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:

Wexford Clearing Services, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

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

Plantation

FL 33324

(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.

C T Corporation System

By:

(Signature)

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY
\$ 100.00
\$ 25.00
\$ 30.00
\$ 5.00

Filing Fee for Application
Designation of Registered Agent
Certified Copy (optional)
Certificate of Status (optional)

Wexford Clearing Services Corporation
One New York Plaza
New York, NY 10292

May 30, 2003

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TALLAHASSEE, FLORIDA

Secretary of State

Re: Consent to Use of Name

Dear Sir or Madam:

Wexford Clearing Services Corporation, a Delaware corporation, hereby gives consent to the use of its name to Wexford Clearing Services, LLC, a Delaware limited liability company.

Wexford Clearing Services Corporation is in the process of withdrawing as a foreign corporation from your state.

Sincerely,



Paul Waldman
Secretary

Delaware

The First State

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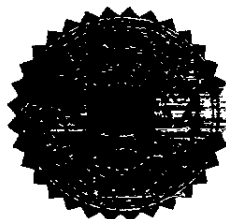
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEXFORD CLEARING SERVICES, 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 MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEXFORD CLEARING SERVICES, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2434062 8300

030357763

AUTHENTICATION: 2445162

DATE: 05-30-03