# M03000002052

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| Certified Copies          | Certificates      | of Status |
| Special Instructions to I | Filing Officer:   |           |
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|             | ACCOUNT  | : NO. : | 0721000000   | 32      | 1 c. 03      | ~  |
|-------------|--|---------|--------------|---------|--------------|----|
|             | REFER  | RENCE : | 143683 .     | 7149538 | THE MARY     |    |
|             | AUTHORIZZ  | ATION : | Patricia     | Parito  | 24 0         | ED |
|             | COST I   | JIMIT : | \$ 130.00    | UA<br>  | ₹```?'<br>₹? | Ş  |
|             |  |         |              |         | ्र           | ~  |
| ORDER DATE  | : June 23, 20  | 03      |              |         | CT.          | U) |
| ORDER TIME  | : 11:41 AM   |         |              | · · -   |              |    |
| ORDER NO.   | : 143683-005   |         |              |         |              |    |
| CUSTOMER NO | D: 7149538   |         |              |         |              | -  |
| CUSTOMER:   | Ms. Theresa Ri<br>Koltun & King<br>Suite 250<br>1146 19th Stre<br>Washington, DO | et Nw   | <del>.</del> |         |              |    |
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FOREIGN FILINGS

NAME: THE PENINSULA GROUP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

|                    | CERTIFIED CO | OPY     |          |  |  |
|--------------------|--------------|---------|----------|--|--|
| PLAIN STAMPED COPY |              |         |          |  |  |
| <u>XX</u>          | CERTIFICATE  | OF GOOD | STANDING |  |  |

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1

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| IN COMPLIANCE WITH SECTION 608.503, FLORI<br>LIMITED LIABILITY COMPANY TO TRANSACT BUSI  | DA STATUIES        | THE FOLLOWING IS SUBMITTED TO REGISTER A FOR   | STORY T |
|--|--------------------|--|---------|
| The Peninsula Group, LLC   | (92223 214 12225 0 |  | 2       |
| <b>_</b>   | of foreign lim     | ited liability company)  | 43      |
| 2 District of Columbia   | 3.                 | 57-1172238   | در ً    |
| (Jurisdiction under the law of which foreign limits<br>company is organized)   | d liability        | (FAI number, if applicable)  |         |
| 4. June 12, 2003<br>(Date of Organization)   | 5.                 |  |         |
| • •  |                    | (Duration: Year limited liability company will cease to<br>exist or "perpetual")   |         |
| 6Upon Qualification  |                    |  |         |
| (Date first transacted business in I   | forida. (See se    | ctions 608.501, 608.502, and 817.155, F.S.)  |         |
| 7. 10 Venetian Way, #405, Miami-Bea  | ch, Florida        | 33139  |         |
| 9. The name and usual business addresses o<br>J. Mark Goode, Managing Pariner  | of the munag       | ing members or managers are as follows:  |         |
| 10 Venetian Way, #405  |                    |  |         |
| Miami Beach, FL 33139  |                    |  |         |
| 10. Attached is an original certificate of existence, no n<br>the jurisdiction under the law of which it is organiz<br>translation of the certificate under each of the mass | zed. (Aphotoco     | ys old, duly sufficienticated by the official having custody of react<br>py is not acceptable. If the certificate is in a foreign language, a<br>bunited.) | dsin.   |
| 11. Nature of business or purposes to be co  | nducted or p       | romoted in Florida: Investment in as well as   |         |
| the brockerage and management of   | Life Settler       | nent assets.   |         |
| / //   | /                  | 11   |         |

Signature of a member or an authorized representative of a member. (In separate with section 608.408(3), F.S., the execution of this document constitutes an allimation under the penaldes of perjury that the faces stated herein are true.) J. Mark Goode

Typed or printed name of signce

## 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. ł 1. The name of the Limited Liability Company is: The Peninsula Group, LLC 2. The name and the Florida street address of the registered agent and office are: J. Mark Goode (Name) Venetian Way, #405 Florida street address (P.O. Box NOT ACCEPTABLE) Miami-Beach, 33139 (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.

- **5 100.00** 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



## CERTIFICATE

JUN 24 PM

**THIS IS TO CERTIFY** that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the **12th** day of **June,2003** *Articles of Organization of:* 

THE PENINSULA GROUP, LLC

WE FURTHER CERTIFY that the above named Company is in <u>Good Standing</u> 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 23rd day of June, 2003.

David Clark DIRECTOR

Elizabeth O. Kim Administrator Business Regulation Administration

Patricia E. Grays Superintendent of Corporations Corporations Division

Anthony A. Williams Mayor