M03000039//

(Requ	estor's Name)			
(Address)				
(Addre	ess)			
(City/S	State/Zip/Phone	¥)		
PICK-UP	TIAW	MAIL		
(Busir	ess Entity Name)		
(Document Number)				
Certified Copies	<u>Certificates</u> of	of Status		
Special Instructions to Filing Officer:				
Office Use Only				



11/21/03-01021-019 **125.00





CT CORPORATION

t

November 21, 2003

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re: Order #: 5982152 SO Customer Reference 1: 00159-00001 Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

ICM Capital L.L.C. (NY) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FOR ICM CAPITAL L.L.C.

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. The name of the foreign limited liability company is ICM Capital L.L.C.
- 2. The jurisdiction under which the foreign limited liability company is organized is New MILLAND SELL TO ROATIONS York.
- 3. The date of organization is July 23, 2003.
- The duration of the limited liability company is perpetual. 4.
- 5. The limited liability company has not transacted business in Florida.
- 6. The street address of the principal office is c/o Independence Community Bank, 195 Montague Street, Brooklyn, New York 11021.
- 7. The limited liability company is a manager-managed company.
- 8. The name and usual business addresses of the managing members or managers are as follows:

<u>Name</u> Alan Fishman	<u>Address</u> 195 Montague Street Brooklyn, New York 11201	
Gary Honstedt	195 Montague Street Brooklyn, New York 11201	
Ralph Herzka	1 Battery Park Plaza New York, New York 10004	

9. 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.

ŧ

10. The nature of the business or purposes to be conducted or promoted in Florida is to engage in any lawful act or activity for which limited liability companies may be organized under the laws of this state.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

INDEPENDENCE COMMUNITY BANK Member
By: Soutel
Name: Gary Honstedt

4

Title: Executive Vice President

•

4

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.)

- - -

-



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:

ICM	Capit	al L	L.C.
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

2. The name and the Florida street	address of the registered agent and off	ice are:
C T Corporation System	m	THE PERSON
	(Name)	SEE. P. P. P.
c/o C T Corporation Sy	stem, 1200 South Pine Island Road	LOAN 55
Florida	street address (P.O. Box NOT ACCEPTABLE)	DIES
Diantation	<b>FX</b> 33294	

4

B

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 STEPHEN ADAMO eno ASSISTANT SECRETARY (Signature)

- \$ 100.00 Filing Fee for Application
- S 25.00 Designation of Registered Agent
- 30.00 Certified Copy (optional) \$
- 5.00 Certificate of Status (optional) S

## State of New York } ss: Department of State

I hereby certify, that ICM CAPITAL L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/23/2003, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



***

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of November two thousand and three.

any

Secretary of State

200311200292 * 07

