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### 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:

.

Lease Assurance, L.L.C.			
	(Name of foreign lin	nited liability company)	
2. Delaware		37229-84	
(Jurisdiction under the law of y company is c	organized)	(FEI number, if applicable)	
4. November 3, 2003	5.		
(Date of Organ	ization)	(Duration: Year limited liability company will cease to exist or "perpetual")	~
6. November 3, 2003		<del></del> .	<u>-</u>
(Date first tran	sacted business in Florida. (See se	ections 608.501, 608.502, and 817.155, F.S.)	
7. 801 International Par	kway 5th Floor		· · · · · · · · · · · · · · · · · · ·
Lake Mary, FL 32746		· · · · · · · · · · · · · · · · · · ·	_
	(Street address of	f principal office)	
8. If limited liability compa	any is a manager-managed co	ompany, check here 🗹	. –
9. The name and usual busi	iness addresses of the manag	ging members or managers are as follows:	
Michael S. Croft	801 International Parky	way 5th Floor Lake Mary, FL 32746	
Phillip S. Hofmann	801 International Parkv	way 5th Floor Lake Mary, FL 32746	
Tony Obrien	801 International Parkv	way 5th Floor Lake Mary, FL 32746	- T]
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		ays old, duly authenticated by the official having custody of n	

11. Nature of business or purposes to be conducted or promoted in Florida: Leasing Company

translation of the certificate under oath of the translator must be submitted.)

M St M		<u> </u>	<u></u>
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.)			
Michael S. Croft	. 2-		-,

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:

Lease Assurance, L.L.C.

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

 Michael S. Croft

 (Name)

 801 International Parkway 5th Floor

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

 Lake Mary, FL 32746

 (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  $\overline{au}$  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.

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



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# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEASE ASSURANCE, L.L.C." 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 FIRST DAY OF DECEMBER, A.D. 2003.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEASE ASSURANCE, L.L.C." WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2003.



3722984 8300 030766775 Warriet Smith Windson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2778403

DATE: 12-01-03