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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

FOREIGN LIMITED LIABILITY COMPANY

Life Settlement Trust, LLC

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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:

Life Settlement Trust, LLC	
(Name of foreign	n limited liability company)
Delaware (Jurisdiction under the law of which foreign limited liability	3(FEI number, if applicable)
company is organized) July 14, 2003	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon qualification (Date first transacted business in Florida. (S	See sections 608.501, 608.502, and 817.155, F.S.)
4350 West Cypress Street, Suite 275	
Tampa, Florida 33607	
(Street addre	ess of principal office)
. If limited liability company is a manager-manage	ed company, check here
. The name and usual business addresses of the ma	anaging members or managers are as follows:
4350 West Cypress Street, Suite 275	产品
Tampa, Florida 33607	
-	SSET
	T
Attached is an original certificate of existence, no more than	190 days old, duly authenticated by the official having custody of record
the jurisdiction under the law of which it is organized. (A pit translation of the certificate under eath of the translator must	hotocopy is not acceptable. If the certificate is in a fireign language, a
1. Nature of business or purposes to be conducted	or promoted in Florida;
Acquiring and Managing Investment Portfol	lios of Life Settlement Contracts
Cun- xh	1
(In accordance with section 608.408(3)	authorized representative of a member.), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)
Clifford F. Bagnail	was me me reces protect beleggi sig tirig's

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.

•	Company is:	
	lress of the registered agent and offic	ce are:
0. 00.po.d.a	(Name)	
1200 S. Pine Isl	land Rd.	
Florida stre	et address (P.O. Box NOT ACCEPTABLE)	
Plantation	33324 FL	SECR TALL
	(City/State/Zip)	三
ny at the place designate nt and agree to act in this g to the proper and comp	ed in this certificate, I hereby accept to s capacity. I further agree to comply plete performance of my duties, and I	the appointment as with the provisions of all am familiar with and
	ent Trust, LLC nd the Florida street add CT Corporation Sy 1200 S. Pine Is. Florida street Plantation amed as registered agent my at the place designate at and agree to act in this g to the proper and comp	CT Corporation System (Name) 1200 S. Pine Island Rd. Florida street address (P.O. Box NOT ACCEPTABLE) Plantation 33324

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFE SETTLEMENT TRUST, 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 SIXTEENTH DAY OF JANUARY, A.D. 2004.

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

Variet Smith Hinden Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2875030

DATE: 01-16-04

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