m04000002798

TimePayme Attn: Tax ar 10 M Comr Woburn, M	nd Comp nerce Wa	liance	
(Ci	ty/State/2	ip/Phone	;#)
	□ \	VAIT	MAIL
(Bu	isiness E	ntity Nam	ne)
(Dc	cument	Number)	<u> </u>
Certified Copies	Ce	ertificates	of Status
Special Instructions to	Filing Of	icer:	
Name Availabilit y			
Document	f		
		1	
Updater	-Office	Use Onl	ý
Updater Updater Velltjer	-Office	Use Onl	у
Uprinter		Use Onl	y

200038323162

07/12/04--01065--005 **125.00



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

_ .. .

,

.

ŧ

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:

TimePayr	ment Corp. LLC
· •	(Name of foreign limited liability company)
Delaware	3. 20-0687813
(Jurisdiction ur	nder the law of which foreign limited liability (FEI number, if applicable) company is organized)
ı. 12/04/03	5. perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
5, 5/01/04	
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. 10 M Cor	mmerce Way
Woburn,	MA 01801
	(Street address of principal office)
3. If limited li	iability company is a manager-managed company, check here
). The name a	and usual business addresses of the managing members or managers are as follows:
	nancial Incorporated 10 M Commerce Way Woburn, MA 01801
the jurisdictic	n original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record on under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a f the certificate under oath of the translator must be submitted.)
1. Nature of	business or purposes to be conducted or promoted in Florida: Equipment Leasing and
Financing	
	Colton
	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.)

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:

TimePayment LLC

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

Edwards & Angell, LLP

(Name)

350 East Las Olas Boulevard

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

Fort Lauderdale

_{FL} 33301

(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.

Faxed Signature attached

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

1

P, 03

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:

TimePayment LLC	Tim	ePayment	11C
-----------------	-----	----------	-----

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

Edwards & Angell, LLP	2004 SEC:	
(Name)	JUL I ETAR HASS	
350 East Las Olas Boulevard		و در - الأمران بن ا
Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE)		
Fort Lauderdale FL 33301	Set 02	
(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.

(Signature)

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



PAGE 1

ר ס

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIMEPAYMENT CORP. 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 SEVENTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIMEPAYMENT CORP. LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2003.

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



Darriet Smith Mindson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 3097644

3733929 8300 040334109

DATE: 05-07-04