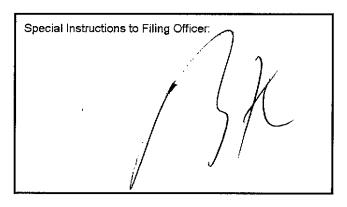
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(Reque	stor's Name)				
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Certified Copies	Certificates	of Status			



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12/07/04--01001--002 **125.00

CT CORPORATION

December 6, 2004

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399 THE PALESSEE. FLORIDA

Re: Order #: 6169870 WO

Customer Reference 1: FRAMOR Customer Reference 2: GEN

Dear Department of State, Florida:



FMF Capital LLC (DE) Registration Florida

A Control I C. do FME No. 1 micros (DE)

A Lending Trum Lending

F Thing The Direct

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 Page 1 of 2

CT CORPORATION

Sincerely,

Ashley A. Mitchell Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@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

	OMPLIANCE WITH SECTION 608.503, FLORIDA STATO TED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH		•	SUBWIITE	d to REGI	SIEK A	POKEL
1	FMF Capital LLC				P. 9		<u>^</u>
	(Name of Foreign Limited	d Lia	ability Company)		P. C.		
2 De	elaware	3	20-1848324		8	<u>ن</u> ج	1
(Jui	risdiction under the law of which foreign limited liability npany is organized)	у .	(FEI nur	nber, if app	licable)	F.	つ
4 11	1/04/2004	5	Perpetual		65	2 2	
'' _	(Date of Organization)	٥.	(Duration: Year limit exist or "perpetual")	ed liability o	company with	Cease t	0
6. <u>11</u>	/30/2004						
	(Date first transacted business in (See sections 608.501 & 608.502 F	Flori 3.S. t	ida, if prior to registratio o determine penalty liab	n.) ility)			
7. <u>25</u>	5800 Northwestern Hwy., Suite 875, Southfield, MI 4807	<u>75</u>					
	(Street Addre	ss o	f Principal Office)				
8. If	limited liability company is a manager-manage	ed c	ompany, check here	\boxtimes			
9. T	he name and usual business addresses of the ma	anaį	ging members or ma	nagers are	as follow	s:	
F	Robert Pilcowitz, 25800 Northwestern Hwy., Suite 875, S	Sout	hfield, MI 48075				
<u> </u>	Edan King, 25800 Northwestern Hwy., Suite 875, Southf	ñeld,	MI 48075				
_				48.80			
thejur	attached is an original certificate of existence, no more than 9 risdiction under the law of which it is organized. (A photoc ation of the certificate under oath of the translator must be su	opy:	is not acceptable. If the ce	•	_	•	
11. 1	Nature of business or purposes to be conducted	or j	promoted in Florida:				
<u>M</u>	Signature of a member or an a	$\frac{7}{2}$	porized representativ	e of a me	 nher		<u>_</u> .
	(In accordance with section 608.408(3) an affirmation under the penalties of po), F.S	., the execution of this doc	ument constit			

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 o	of the Limited Liability Company is:						
FMF Capital	al LLC						
2. The name a	and the Florida street address of the registered agent and off	ice are:					
	C T Corporation System						
	(Name)						
	1200 South Pine Island Road						
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Plantation FL 33324						
	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, Florida Statutes.

By: C T Corporation System
(Signature)

Claudia L. Saari Asst. Secretary

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FMF CAPITAL 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 THIRTIETH DAY OF NOVEMBER, A.D. 2004.

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



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3509478

DATE: 12-01-04