M04000005399

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000036225860

04 DEC -8 PH 2: 19





ACCOUNT NO. : 072100000032

REFERENCE : 064627

a pec o par 2:19

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: December 6, 2004

ORDER TIME : 10:40 AM

ORDER NO. : 064627-005

CUSTOMER NO: 4304164

CUSTOMER: Mr. Thomas Howard

Chapman And Cutler Llp 111 West Monroe Street

Chicago, IL 60603

FOREIGN FILINGS

NAME: NOVATION HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

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 LIARII ITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

Novation Hold	dinge IIC	E STATE OF PLORIDA:		
. NOVACION NOIC	(Name of Foreign Limited	(Liability Company)		
Delaware Unrisdiction under the law	w of which foreign limited liability	3. (FEI number, if applicable) 5. Perpetual (Duration: Year limited liability company will cease for exist or "perpetual")		
company is organized)	w of which foleign infliced hability	(FET humber, it applicable)		
 _		The state of the s		
November 5, 2	2004 Organization)	5. Perpetual		
(Date of O	rgamzation)	(Duration: Year limited liability company will cease to exist or "perpetual")		
		in the second		
<u>NA</u>	(Delegation and the later)	7		
(S	(Date first transacted business in F See sections 608,501 & 608,502 F.:	Iorida, if prior to registration.) S. to determine penalty liability)		
`		,		
1818 South At	ustralian Avenue. S	<u> Suite 450</u>		
West Palm Beac	ch, FL 33409	s of Principal Office)		
	(Street Addres	s of Principal Office)		
If limited liability co	ompany is a manager-manage	d company check hara V		
ii iiiiiiicu naoiiity co	mipany is a manager-manager	a company, check here M		
The name and usual	husiness addresses of the ma	naging members or managers are as follows:		
The name and usual	ousniess addresses of the mai	haging members of managers are as follows:		
Robin Shapiro	o, Harold Grossman,	, Charles Lowe:		
1010 Courth 3:	under Avonue	Suito 150		
West Dalm Bea	ustralian, Avenue,	lando Figueroa: Lord Securities		
		7th Floor, New York, NY 10005		
corporation,	40 Wall Street, 27	TH 11001, New 101R, N1 10003		
). Attached is an original cer	rtificate of existence no more than 90	days old, duly authenticated by the official having custody of recor		
e iurisdiction under the law o	of which it is prognized. (A photoco	py is not acceptable. If the certificate is in a foreign language, a		
	oder oath of the translator must be suit			
in the second of	and out of the testimo, they be see	January (
1. Nature of business of	or nurnoses to be conducted of	or promoted in Florida: mb = 0		
1. Nature of business or purposes to be conducted or promoted in Florida: The Company is a special purpose entity established to securitize Structured				
Settlement ar	nd other Receivable	es		
	(homen-four	· 		
9	ionature of a member or an a	uthorized representative of a member.		
(Is	in accordance with section 608,408(3).	F.S., the execution of this document constitutes		
		rjury that the facts stated herein are true.)		
~	Thomas F. Howard, A	uthorized Person		

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:	整要
_	Novation Holdings, LLC	The state of the s
2.	The name and the Florida street address of the registered agent and office are:	2 2 19
	Corporation Service Company	A DA
	(Name)	- ′
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	_
	Tallahassee FL 32301	_
	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.

Corporation Service Company

By: Cynthia L. Harris

(Signature)

Cynthia L. Harris

as its agent

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

PAGE

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVATION HOLDINGS, 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 DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVATION HOLDINGS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2004.

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3524924

DATE: 12-07-04

3877562 8300

040878781