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FOREIGN LIMITED LIABILITY COMPANY Senior Receivables LLC

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PAGE 02/04

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

enior Receivables, LLC	
(Name of Foreign	Limited Liability Company)
claware	3 203095413
nisdiction under the law of which foreign limited I supany is organized)	imbility (FEI number, if applicable)
16/29/2005	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to axist or "perpetual")
(Date first fransacted busin (See sections 608.501 & 608	oss in Florida, if prior to registration.) 3.502 F.S. to determina penalty liability)
3 N. Central Avenue Ste 317. Modford . OR 9750	
(Sircet	Address of Principal Office)
f limited liability company is a manager-m	nanaged commany, check here 🛛
with the state of	and the second s
The name and usual business addresses of i	the managing members or managers are as follows:
Mark Dinamore, 33 N. Central Avenue Ste 317, M	ledford OR 97501
Mark Dalbarde, 32 At, Compare Co-Carbo Gas 327, 277	3000
Richard Pithladdo, 33 N. Central Avenue Ste 317,	, Medford , OR 97501
Thomas Skiff, 33 N. Central Avenue Ste 317, Med	Mord, OR 97501
A throitead in our outsidess outsidess of ancietance, we were	e from 90 days old, duly authensicated by the official having custody of a
	photocopy is not acceptable. If the certificate is in a foreign language, a
lation of the certificate under onth of the translator me	
	to a final control with the control
Nature of business or purposes to be cond	nicted of promoted in Florida:
ong Term Care Insurance	
200 1 10	
Il hall 15	m
	or an authorized representative of a member.
au agjimanjon anget ipe benaji (vn accambice wim aactigi) ons	8.408(3), F.S., the execution of this document constitutes ties of perjury that the facts stated herein are true.)
•	
MARK D	r printed name of signee

09/14/2005 15:24 8502227615 SEC-14-2005 12:40 TEAM 1

By:

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Tall

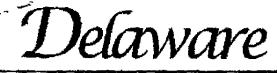
CERTIFICATE OF DESIGNATION OF THE PARTIES REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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 Liabilit	y Company is:	
Senior Receivables, LLC			
2. The name	and the Florida street a	address of the registered agent and office are:	
	C T Corporation System	α	
		(Nanc)	
	1200 South Pine Island	Road	
	Florida S	trest Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Plantation	FL 33324	
		City/State/Zip	
liability comp agent and ag relating to th obligations o	pany at the place design ree to act in this capacit e proper and complete p f my position as register on System	ent and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as registered by. I further agree to comply with the provisions of all statutes erformance of my duties, and I am fumiliar with and accept the ed agent as provided for in Chapter 608, Florida Statutes. **L. ALMUNT LEVETING**	

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

312 750 8782 P.84



PAGE Z

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEREBY CERTIFY "SENIOR RECEIVABLES 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 TWELFTE DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENIOR RECEIVABLES LLC" WAS PORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2005.

AND I DO HERBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE. MOT BEEN ASSESSED TO DATE.

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050744363

Warriet Smith Hinden

AUTHENTICATION: 4148135

DATE: 09-12-05