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FOREIGN LIMITED LIABILITY COMPANY

CONSUMER SOLUTIONS, LLC

Certificate of Status	0
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Page Count	04
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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 FÓREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. Consumer Solutions, LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized) 5, perpetual 4, 12/10/2004 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 12700 Whitewater Drive Minnetonks, MN 55343 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Cargill Financial Services Corporation sole member/manager: 12700 Whitewater Drive Minnetonka, MN 55343 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cuttody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: to purchase consumer accounts receivable, residential mortgage loans, and/or foraclosed upon residential real estate 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 of Cargill Financial Services Corporation, its cole member/manager

Greggory S. Haugen, Sector Vice President

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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:		
Consumer Solutions, LLC		
2. The name and the Florida street address of the registered agent and office are:		
C T Corporation System		
(Name)		0
1200 South Pine Island Road	SECA	OS DEC
Florida Street Address (P.O. Box NOT ACCEPTABLE)	\$C.	√
Plantation, Florida 33324	الم	=
City/State/Zip	255 255 255 255 255 255 255 255 255 255	AH 10: 32
	を表	8
Flaving been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Substitution of the properties of the provisions of the provisions of the properties of the provision of the p	ent as regis ill statutes i accept the	ter e d

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

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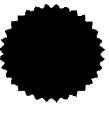
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSUMER SOLUTIONS, LLC" IS DULY FURNIED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD Stamping and has a legal existence so par as the records of this OFFICE SHOW, AS OF THE MINETEENTH DAY OF DECRMBER, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSUMER SOLUTIONS, LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2004.

3894265 8300 051037612



Harrise Smith Windsor, Secretary of State
AUTHENTICATION: 4386085

DATE: 12-19-05