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FLORIDA/FOREIGN LIMITED LIABILITY CO.

### PETTERS CAPITAL, LLC

Certificate of Status	0
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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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Petters Capital, LLC	
(Name of Foreign Limited Li	iability Company)
Delaware 3.	20-2045616
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
November 16, 2004 5	Perpetual FARE SEP
(Date of Organization)	(Duration: Year limited liability company will cease to persecution (Duration: Year limited liability company will cease to persecution)
Upon Qualification	TO A
(Date first transacted business in Flo. (See sections 608,501 & 608,502 F.S.	HILLE, II DIRKE SO ICENSTRUCTO.
505 S. Flagler Drive, Suite 700, West Palm Bea	
4400 Baker Road, Minnetonka, MN, 55343 - Maili	· · · · · · · · · · · · · · · · · · ·
(Street Address of	of Principal Office)
If limited liability company is a manager-managed	company, check here V
The name and usual business addresses of the mana	aging members or managers are as follows:
Thomas J. Petters, 4400 Baker Road, Minnetonka,	Minnesota, 55343
· · · · · · · · · · · · · · · · · · ·	
Attached is an original certificate of existence no more than 90 d	lays old, duly authernicated by the official having custody of records in
e jurisdiction under the law of which it is organized. (A photocopy restation of the exitificate under outh of the translator must be subm	y is not acceptable. If the certificate is in a foreign language, a
I. Nature of business or purposes to be conducted or	promoted in Florida; Captive Finance Company
	•
Signature of a member or an aut	thorized representative of a member.
(In accordance with section 608,4883), F.	S, the execution of this document constitutes
an affirmation under the penaltic of part	the facts stated herein are true.)

of signee

Thomas J. Petters

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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.

I. The name	of the Limited Liability Con	apany is:					
Petters Capita	ı' řrc						. 1
2. The name :	and the Florida street addres	es of the registered agent and c	office are:		SEORET MLLAHA	06 SEP -	*****
	NRAI Services, Inc.	- Array	<u> </u>	<u> 3</u>	SS S	Ġ	
		(Name)			고유	$\supseteq$	Ü
	2731 Executive Park Drive Florida Street A	Suite 4 ddress (P.O. Box NOT ACCEPTABL	E)		FLORIDA	44 :8	
	Weston	FL 33331				ئد	
		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.

NRAI Services, Inc.

(Signature)

Jackie Sorman, Assistant Secretary

\$ 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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# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PETTERS 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 FIFTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PETTERS CAPITAL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2004.

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

Hantet Smith Windsor, Secretary of State

Variet Smith Hinden

AUTHENTICATION: 5019741

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