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SECRETARY OF STATE OPVISION OF CORPORALION

COVER LETTER

	Registration Section Division of Corporation										
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SUBJEC	CT:	SA	<u>(Name of</u>	34 Limite	cd Liability Co	ompany	FINA	NCE	LLC	•	,
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For furth	er information co	ncerning	this matter	r, pleas	e call:						
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_	(Na	me of Pe	rson)		(Area Code					er)	
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D	Division of Corpor				Division of Co	orporati					
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	is a check for the \$125.00 Filing Fee		0.00 Filing F		□\$155.00 Filir atus Cer	ng Fee & rtified Co		60,00 Pilii of S			cate ied Copy

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: (FEI number, if applicable) company is organized) (Date of Organization) (Duration: Year limited liability company will cease to 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) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 70 LANE AVE, SARATOGA. 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody 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: e of a member or an authorized representative of a member. Signati (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

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:	_
SALATOGA CAPITAL FINLANCE	e LLC
2. The name and the Florida street address of the registered agent and of	
Susan Eekka	OT MA
504 South Stope Or Florida Street Address (P.O. Box NOT ACCEPTABLE)	MAR 20 PH
Ospety FL 34229	7: 59

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.

Dusan Eckler (Signature)

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

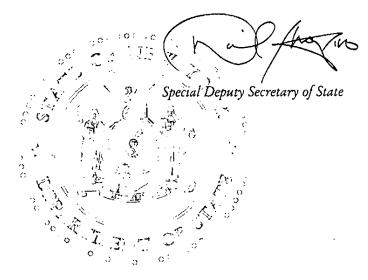
State of New York Department of State } ss:

I hereby certify, that SARATOGA CAPITAL FINANCE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/11/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of

Albany, this 15th day of March two thousand and seven.

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