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## ORIDA/FOREIGN LIMITED LIABILITY CO.

#### CIT HEALTHCARE LLC

Certificate of Status	0
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6/4/2007

# 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 RECEISIER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CIT HEALTHCA					
	(Name of Forei	gn Limited Li	ibility Company)		
Delaware		3.	23-2817736		
(Jurisdiction under company is organi	r the law of which foreign limit ized)	ed liability	· (F	El number, if applicable)	
08/17/1995		5.	Perpetual		
(Da	ate of Organization)		(Duration: Year exist or "perpet	limited liability company nal")	will cease to
<b>5.</b>	(Date first transacted by (See sections 608 501 &	usiness in Flor 608.502 F.S. (	ida, if prior to regi o determine penalt	stration.) y liability)	
1 CIT Drive, #2	108-A, Livingston, NJ 07039				<b>=</b> = =
•		· · · · · ·			ECO
****	(Su	real Address o	Principal Office)		AT A
3. If limited liabi	ility company is a manage	r-managed c	ompany, check	here 🗷	ARY OF SSEE, F
The name and SEE ATTACHY	l usual business addresses MENT	of the mana	ging members o	r managers are as fol	lows: FLORIED
		·			
ne jurisdiction under ranslation of the certi	iginal certificate of existence, no nor the law of which it is organized.  ificate under oath of the translator siness or purposes to be co	(A photocopy must be subm	is not acceptable. If itsel.)	inecentificate is in a fincip	en language, a
financing services	\$				
	/ Sinde	Sulator	<del>7</del>	,	·
	Signature of a memb	er or an auti	orized represer	itative of a member.	
'	(In accordance with section on affirmation under the pe	608.408(3), F.S	., the execution of th	is document constitutes	
	Linda Scufort	2. hodm	,		
		or printed i	name of signee		

### **CIT HEALTHCARE LLC**

FEIN: 23-2817736

#### Managers

<u>Name</u>	Address
Robert J. Ingato	1 CiT Drive, Livingston, NJ 07039
Glenn A. Votek	1 CIT Drive, Livingston, NJ 07039
Flint Besecker	505 Fifth Avenue, 6 <sup>th</sup> Floor New York, NY 10017
Robert J. Ingato	1 CIT Drive, Livingston, NJ 07039
Glenn A. Votek	1 CIT Drive, Livingston, NJ 07039
Eric S. Mandelbaum	1 CIT Drive, Livingston, NJ 07039
Linda M. Seufert	1 CIT Drive, Livingston, NJ 07039  TALLAHASSEE, FLOR
·	가 꿈을 것

# 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.

The name of the Limited Liab     CIT HEALTHCARE LLC	ility Company is:	·
2. The name and the Florida street	et address of the registered agent and office are:	
C T Corporation Sy	(Name)	
1200 South Ping Isl Florid	and Road la Street Address (P.O. Box NOT ACCEPTABLE)	2007 JUN SECRET
Plantation	FL 33324 City/State/Zim	-4 AH ASSEE, F
Having been named as registered	agent and to accept service of process for the above	S S S S S S S S S S S S S S S S S S S
liability company at the place dest agent and agree to act in this capa relating to the proper and complet	ignated in this certificate, I hereby accept the appo- acity. I further agree to comply with the provision, te performance of my duties, and I am familiar wit attered agent as provided for in Chapter 608, Florid	pintment as registered s of all statutes th and accept the
C T Corporation System		
Assistant Secretary		

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00 Filing Fee for Application

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TOTAL P.04

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\$ 25.00



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### The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIT HEALTHCARE 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 THIRTY-FIRST DAY OF MAY, A.D. 2007.

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

2001 JUN -4 AM 8: 57.
SECRETARY OF STATE
AND A HASSFE, FLORIDA

2531163 8300 070648401



Warriet Smith Windson, Sacretary of States

AUTHENTICATION: 5717279

DATE: 05-31-07