

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000294921 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5926

ORIDA/FOREIGN LIMITED LIABILITY CO. $\ AL$

Macquarie Equipment Finance, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/7/2007

PAGE 01/05

CT CORP

820222098

15/01/2007 16:59

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

004	name unavailable, onter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab	written ility
Co	unpary,* "L.L.C.," "LLC.")	
7	Delawage (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-1476987 (FEI number, if applicable)	_
4.	(Dete of Organization) 5. Perpetual (Duration: Year limited liability company will sease to exist or "perpetual")	
6.	12/31/2007	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	(See sections ode.501 & Book.502 F.S. to determine penalty inactity)	
۶,		
	(Street Address of Principal Office)	ij——
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:	
	Lynn Stenback , 2285 Franklin Road, Bloomfield Hills, MI 48302	_
	Howard L Rosenberg , 71 South Wacker Drive, Chicago, IL 60606	-
the j	Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of rejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under eath of the translator must be submitted.)	ecords in
11.	. Nature of business or purposes to be conducted or promoted in Florida:	-
	SEE ATTACHMENT MAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	_,
	Hamself. Freede	
	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.)	
	Howard L. Rosenberg	
	Typed or printed name of signee	

FL03? - 09/24/2007 CT Filiag Manager Online

Attachment to Florida

Nature of the LLC's Business
Originating, marketing, purchasing, salling and servicing equipment leases, and the refurbishing, remarketing and financing of certain related equipment.

чяоо то 8202224212 15/01/2007 15:59 PAGE 03/05

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.

If name un	navailable, the alternate name to be used in the state of Florida is:	
2. The nat	ne and the Florida street address of the registered agent and office are:	2001 DEC - TARY SECRETARY
	C T Corporation System	TE E
	(Name)	-7 / ARY 0 (SSEE.
	1200 South Pine Island Road	-n ⁻¹⁷ 12
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	II: 32 STATE LORID
	Pluntation FL 33324	₩ 2
	City/State/Zip	_
liability cor agent and a relating to	in named as registered agent and to accept service of process for the above in many of the place designated in this certificate, I hereby accept the appoint agree to act in this capacity. I further agree to comply with the provisions of the proper and complete performance of my duties, and I am familiar with a of my position as registered agent as provided for in Chapter 608, Florida	tment as registered fall statutes and accept the

5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (optional)
5 5.00 Certificate of Status (optional)

PLOST - 89/14/2007 C T Piling Manager Childre

By:

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MACQUARIE EQUIPMENT FINANCE, 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 DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT REEN ASSESSED TO DATE.

071288640

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6212479

DATE: 12-05-07