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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2007

KATHLEEN ANDREWS 7538 FULLERTON CT. SPRINGFIELD, VA 22153

SUBJECT: CREATIVE EQUIPMENT FUNDING, LLC

Ref. Number: W07000059823

We have received your document for CREATIVE EQUIPMENT FUNDING, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 207A00069360

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CREATIVE EQUIPM (Nam	ENT FUNDING, LLC e of Limited Liability Company)		
	mited Liability Company for Authorization to Transact Business in teck are submitted to register the above referenced foreign limited Florida		
Please return all correspondence concerni	ng this matter to the following:		
KATHLEEN ANDREWS			
	(Name of Person) AHASSETARY (Firm/Company)		
CREATIVE EQUIPMENT FUNDING, LLC			
	(Firm/Company)		
7538 FULLERTON	(Firm/Company) OF STATE CT.		
	(Address)		
SPRINGFIELD, VA			
	(City/State and Zip Code)		
For further information concerning this m	atter, please call:		
LOUIS PUISSEGUR	at (504) 836-0560		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount \$\overline{\subset}\$			

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:

1. CREATIVE EQUIPMENT FUN	NDING, LI	LC		
(Name of Foreign Limited Liability Compan	y; must include	"Limited Liability Company,	," "L.L.C.," or "	LLC.")
CEF				
(If name unavailable, enter alternate name adopted if consent of the managers or managing members adopted company," "L.L.C.," "LLC.")				
_{2.} LOUISIANA	3	27-0087360		
(Jurisdiction under the law of which foreign limit company is organized)		(FEI number, i	f applicable)	
4. 04/01/04	5.	UNKNOWN		
(Date of Organization)		(Duration: Year limited liab exist or "perpetual")	ility company w	rill cease to
_{6.} 07/01/07			2007 SEI	
(Date first transacted by (See sections 608.501 &	isiness in Florid 608.502 F.S. to	da, if prior to registration.) determine penalty liability)	DEC PRET	1 1
7. 5670 GREENWOOD PLAZA	BLVD, SI	UITE 575	28 ARY SSE	
GREENWOOD VILLAGE, CO			ES D	
(Str	eet Address of	Principal Office)	2: 56 TATE ORID	
8. If limited liability company is a manager	r-managed co	ompany, check here 🔽	TE S	
9. The name and usual business addresses	of the manag	ing members or manager	s are as follow	ws:
JIM STRICKLER 7538 FULE	RTON, S	PRINGFIELD, VA	22153	
KATHLEEN ANDREWS 7538	FULLER	RTON, SPRINGFIE	LD, VA 2	2153
10. Attached is an original certificate of existence, no n the jurisdiction under the law of which it is organized. translation of the certificate under oath of the translator	(A photocopy is	s not acceptable. If the certificat		
11. Nature of business or purposes to be co	nducted or p	romoted in Florida:		
GENERAL EQUIPMENT LEA	SING			
(In accordance with section	er or an autho 608.408(3), F.S.,	orized representative of a	constitutes	

Kashleen Anavaus
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	f the Limited Liability Company is:		
CREATIVE	EQUIPMENT FUNDING, LLC		
If name unavail	lable, the alternate name to be used in the state of Florida is:		
2. The name an	CORPORATION SERVICE COMPANY (Name) 1201 HAYS STREET Florida Street Address (P.O. Box NOT ACCEPTABLE)	2001 DEC	-
	CORPORATION SERVICE COMPANY	JEC 2	
	(Name) m-<	8	
	1201 HAYS STREET	P 12:	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	45	
	TALLAHASSEE, FL 32301 FL		
	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.

Howard (Signature)

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

United States of America State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

CREATIVE EQUIPMENT FUNDING, L.L.C.

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on March 22, 2004,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on,

Secretary of State

December 12 2007



Certificate ID: 20071212004917

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.iouisiana.gov