#### Florida Department of State

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Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone

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### ORIDA/FOREIGN LIMITED LIABILITY CO.

CONSUMER FINANCIAL ADVISORY BOARD, LLC

Certificate of Status	0	
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M. THOMAS

JUL 1 1 2008

EXAMINER

H080001695033

### 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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FUNDINA.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:						
1. Consumer Financial Advisory Board, LLC						
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")						
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")						
2 Delaware 3 26-2346412						
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)						
4. April 7, 2008 5. Perpetual						
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")						
6						
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)						
7. 1247 Playmoor Drive						
Palm Harbor, FL 34683						
(Street Address of Principal Office)						
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:						
Jeffrey B. Tonkel, 1247 Playmoor Drive, Palm Harbor, FL 34683						
Bryan J. Mitchell, 28 Primrose St., Chevy Chase, MD 20815						
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 translation must be submitted.)						
11. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful						
business that may be conducted by a limited liability company.						
AC						
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.)						
H08000169503 Leffrey B. Tonkel						
Typed or printed name of signee						

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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.

1. The name	of the Limited Liability Comp	oany is:		
Consume	r Financial Advisory Bo	oard, LLC		
If name unav	ailable, the alternate name to b	oe used in the	state of Florida is:	08 JUL
2. The name	and the Florida street address	of the register	red agent and office are:	語のる
	Willard A.Blair			- STATE OF STATE
		(Name)	· · · · · · · · · · · · · · · · · · ·	
	101 E. Kennedy Blv Florida Street Add		2800 NOT ACCEPTABLE)	<del>-</del>
	Tampa	FL City/State/2	33602	_
liability compa agent and agr relating to the	named as registered agent and to any at the place designated in the ee to act in this capacity. I furth proper and complete performa my position as registered agent	to accept servi hls certificate, her agree to c unce of my duti	ice of process for the above . I hereby accept the appoint omply with the provisions o, ies, and I am famillar with a	iment as registerea f all statutes and accept the
	(Signature)		or in Chapter 508, Piorida	अध्यक्षाळ.

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

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30.00

5.00

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# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSUMER FINANCIAL ADVISORY BOARD, 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 SEVENTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSUMER FINANCIAL ADVISORY BOARD, LLC" WAS FORMED ON THE SEVENTH DAY OF APRIL, A.D. 2008,

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

H08000169503 3 8300 080761812

You may verify this destificate enline at corp.delawate.gov/authver.shtml Varriet Smith Windson, Secretary of State

AUTHENTICATION: 6710302

DATE: 07-07-08