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To:

Division of Corporations

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From:

Account Name

: CORPÓRATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Paraveda Premium Finance, LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

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

IN COMPLIANCE WITH SPCTION 608-503, PLORIDA STATUTES, THE ROLLOPING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Paraveda Premium Finance, LLC (Name of Foreign Limited Liability Company; must include the company).	de "Limited Liability Company," "L.L.C.," or "Li	.c.)
(If name unavailable, enter atternate name adopted for the purpos consent of the managers of managing members adopting the alter Company." "L.L.C.," "LLC.")	se of transacting business in Florida and attach a c nate name. The alternate name must include "Litr	opy of the writter lited Linbility
2. Georgia 3		
(Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)	
company is organized)		To D
4. May 9, 2009 5.	perpetual	
(Date of Organization)	(Duration: Year limited liability company will	cease to
<u> </u>	exist or "perpense")	rease lo
6. upon filing of this application		<u> </u>
(Date first transacted dusiness in Flor	rida, il prior (e registration.)	<u> </u>
(See sections 608.501 & 608.502 F.S.	to determine penalty liability)	ite 🗩
7 304 Manager Band & M. Spine		R
7. 301 Yamato Road Suite 2250		ب ج
Been Been Et 20454		$\frac{1}{2}$ ω
Boca Raton, Ft. 33431	of Principal Office)	<u></u> ∞
8. If limited liability company is a manager-managed of	-	
 The name and usual business addresses of the mana lason Sussman 301 Yamato Road Suite 2250 Boca Raton F 	ging members or managers are as tollows 1.33431 YOUTOCKET	:
STH Holdings, LLC 301 Yamato Road Suite 2250 Boca Rate	m FL 33431 Mouna dina mouna	1-00
	301 Yamato Rd 51290 ,2230	Boca
-Ration FG 33431	23 1 14 14 11 15 12 13 13 14 17 17 17 17 17 17 17 17 17 17 17 17 17	
Dean & mmets - Manager - 30	1 Yantato Fd Suite 2750	Boca
44too FL 334B1 0		
	mado Rd Suito 2230 Bo	ca_
10. Attached is an original cartificate of existence, no more from 90 de the jurisdiction under the law of which it is organized. (A photocopy translation of the cartificate under on the frame translator must be submit translation.	isnotacceptable. If the certificate is in a foreign lar	tody of records in guage, a
the jurisdiction under the law of which it is opported. (A photocopy	isnotacceptable. If the cartificate is in a foreign lar ited.)	tody of records in guage, a
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under onth of the translator must be submi	isnotacceptable. If the cartificate is in a foreign lar ited.)	tody of records in guages, a
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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.

If name unavailable, the alternate name	to be used in the state of Florida is:	
2. The name and the Florida street adde	ess of the registered agent and office are:	200 NOV
Jeffrey L. Baxter, Esq.	(Name)	0V -5
95 Merrick Way, Ste. 7 Plorida Street	210 Address (P.O. Box NOT ACCEPTABLE)	AM 9:
Coral Gables	FL 33134	9: 38 Resign

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.

Jeffrey L. Boxter, Esq. 1 Sat 1

\$ 100.00 Filling Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 09041158

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

PARAVEDA PREMIUM FINANCE, LLC

Domestic Limited Liability Company

was formed or was authorized to transact husiness on 06/09/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 5th day of November, 2009

Karen C Handel Scoretary of State

Fain Chandel

Contification Number: 4678481-1 Reference: Verify this contilicate online at http://corp.soa.state.ga/us/corp/soakb/verify.asp