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Division of Corporations

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Foreign Limited Liability Company Consumer Solutions NPL-NF, LLC

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

D. BRUCE

EXAMINER

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COVER LETTER

SUBJECT: Consumer Solutions APD-NF, LLC Name of Limited Liability Company								
The enclosed "Application by Existence, and check are sub-	Foreign Limited Lial mitted to register the a	ollity Company for Authorization to bove referenced foreign limited tla	o Transect Business in Florida," C bility company to transact busines	Certificate of as in Florida				
Pleaso return all corresponder	nce concerning this m	atter to the following:						
Kim Ferrell								
		Name of Person						
Cargill, Inco	rporated							
		Firm/Company						
12700 White	water Drive							
		Address		25 3				
Minnetonka	MN 55343			- AE - OC - O	7			
		City/State and Zip Code		ASS ASS	/			
Kim.Ferreil@	=			E P	m			
	•	to be used for future annual report	notification)		U			
For further information conce	ming this matter, plea	se oall;		STATE STATE				
852-1285		at (612)) >				
Nu	ne of Person	Area Code & Daytime Teleph	none Number					
MAILING ADDRE Division of Corporati	SS:	STREET ADDRESS: Division of Corporations						
Registration Section		Registration Section						
P.O. Box 6327 Tallahassee, Fl. 3231	4	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed is a check for th	e following amous \$130.00 Filing Per Certificate of State	nt: e & 7\$155.00 Filing Fee & 7	\$160.00 Filing Fee, Certificate of Status & Certified Copy					

TO:

Registration Section

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: Consumer Solutions NPL-NF, 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 26-0184818 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4/17/07 Perpecual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. N/A (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 12700 Whitewater Drive Minnetonka, MN 55343 (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: Sole member/manager: CVI GVF Finco, LLC 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 certificers is in a fireign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Financial investment activities. Sole Member: CVI GVF Finco, LLC By: CVI Global Value Fund Cayman LP. Its: Sale Member/Manager By: CarVal GVF GP LP. Its. General Partner By: CarVal Carry GP Corp. Its: General Parmer By: LEA Vall.
Nume: Peter A Vorbrich

Tirle: Executive Vice President

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 Company is:			
Consumer Solutions NPL-NF, LLC	_		
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:	_		
C T Corporation System			
(Name)	A	70	
1200 South Pine Island Road	1	90	CT Lyan
Florida Street Address (P.O. Box NOT ACCEPTABLE)	HAS	001-	1 194
Plantation FL 33324	BESE AN	7	
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 regist 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. CT Corporation System CT Corporation System Signature) Jeanne Nelson Assistant Secretary	TATE	趣: 40	
\$ 100,00 Filing Fee for Application \$ 25.00 Designation of Registered Agent			

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



PAGE

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I, DEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO REREBY CERTIFY "CONSUMER SOLUTIONS NPL-NF, 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 SEON, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2010.

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

4336168 8300

100975740

You may verify this cartificate online at corp. deleware. gov/authver.shtml

Jahroy W. Bullock, Successary of State

UTHENTYCATION: 8274550

DATE: 10-07-10