

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

9 SEP 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #** M95000000110

ICON Asset Acquisition L.L.C. 1 LIMITED COMPANY
31 Milk Street
Boston, MA 02109

1a. Principal Place of Business Address

600 Mamaroneck Ave.
Harrison, NY 10528

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business

600 Mamaroneck Avenue

2a. Mailing Address

31 Milk Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1111

City & State

City & State

Harrison, NY

Boston, MA

Zip

Country USA

Zip

Country USA

3. Date Organized or Qualified

5/11/95

3a. State of Formation

Delaware

4. FEI Number

13-3808204

☐ Applied For

☐ Not Applicable

5. Date of Last Report

5/1/98

6. Certificate of Status Desired

See 7. Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Corporation Services Company
1201 Hays Street
Tallahassee, FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

900002989389--9

Suite, Apt. #, etc.

09/17/99-01010-006

****688.75 ****688.75

City

Zip Code

FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jason Soulier

REGISTERED AGENT MUST SIGN

Date Sep 8, 1999

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MRGM

ICON Cash Flow Partners L.P. Six

600 Mamaroneck Avenue

Harrison, NY 10528

900002989389--9

09/17/99-01010-006

****188.75 ****188.75

RECEIVED

9899

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14. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **ICON Cash Flow Partners L.P. Six, Its Managing Member**

Signature of
Managing Member/Manager

By ICON Capital Corp., Its General Partner

Date 8-10-99

Daytime Phone # 617/ 210-0208

Typed or printed name of signing Managing Member/Manager

Thomas W. Martin, Executive Vice President