

TO: A. SURZ
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)
425-5625

OFFICE USE ONLY

600002035276--5
-12/20/96--01053--016
2082.50 **122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CCA Funding LLC
(Corporation Name) (Document #)
C. TAX FILING 7-1-97
R. AGENT FEE 7-1-97
C. COPY 7-1-97
TOTAL 7-1-97
N. BASH 7-1-97
BALANCE DUE 7-1-97
OFFIND 7-1-97
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 4:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
N--	

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/> Foreign	

CR21

Need Dec. 20
DATE ON ALL
OF these!

600002046916--3
-01/06/97--01045--014
2270.00 **70.00

Examiner's Initials

FILED
DIVISION OF CORPORATIONS
96 DEC 20 PM 12:43

FILED
DIVISION OF CORPORATIONS
96 DEC 27 PM 12:42

RECEIVED
96 DEC 20 PM 1:04
DIVISION OF CORPORATION

12/30/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 20, 1996

HOLLAND & KNIGHT

TALLAHASSEE, FL

SUBJECT: CCA FUNDING LLC
Ref. Number: W96000026782

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 20 PM 12:43

We have received your document for CCA FUNDING LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

CCA FUNDING LLC is a Delaware Limited Liability Company. It cannot use a FOREIGN CORPORATION APPLICATION to qualify in Florida. It must use a FOREIGN LIMITED LIABILITY COMPANY form.

Please complete and sign the enclosed form, and return it with the Delaware Certificate.

ALSO, PLEASE NOTE that the total amount required to file a foreign LLC and to obtain a Certified Copy of the application is \$192.50. We are holding the \$122.50 you sent. Please send an additional \$70.00.

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 (904) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 896A00056853

*Corrected,
Self
attached.*

RECEIVED
96 DEC 30 AM 11:07
DIVISION OF CORPORATIONS

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF
FLORIDA:

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1. CCA Funding LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation
"L.C." if not so contained in the name at present.)
2. Delaware 3. 65-0713527
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 12/10/96 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will
cease to exist or "perpetual")
6. 12/10/96
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who
will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>CCA Funding Manager, Inc.</u>	<u>MGR</u>	<u>William J. Krystopowicz</u>	<u>Secr.</u>
<u>3050 N. Horseshoe Dr., Suite 260</u>		<u>3050 N. Horseshoe Dr., Suite 260</u>	
<u>Naples, FL 33942</u>		<u>Naples, FL 33942</u>	
<u>Gary W. Singleton</u>	<u>P</u>	<u>Timothy Trybus</u>	<u>Treas.</u>
<u>3050 N. Horseshoe Dr., Suite 260</u>		<u>3050 N. Horseshoe Drive, Suite 260</u>	
<u>Naples, FL 33942</u>		<u>Naples, FL 33942</u>	
<u>David H. Fater</u>	<u>VP</u>		
<u>3050 N. Horseshoe Dr., Suite 260</u>			
<u>Naples, FL 33942</u>			

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of _____
CCA Funding LLC deposes and says:

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- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 0
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 3,834,686
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 3,834,686
This total includes amounts from 2 and 3 above.
- 5) the total amount of cash or property anticipated to be contributed by member(s) is \$10,000,000.

David H. Fahn, Executive Vice President
Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

CCA Funding LLC

2. The name and address of the registered agent and office is:

CT Corporation System

(Name)

1200 S. Pine Island Rd.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Plantation, FL 23324

(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.

Connie Bryan
(Signature)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

12/30/76
(Date)

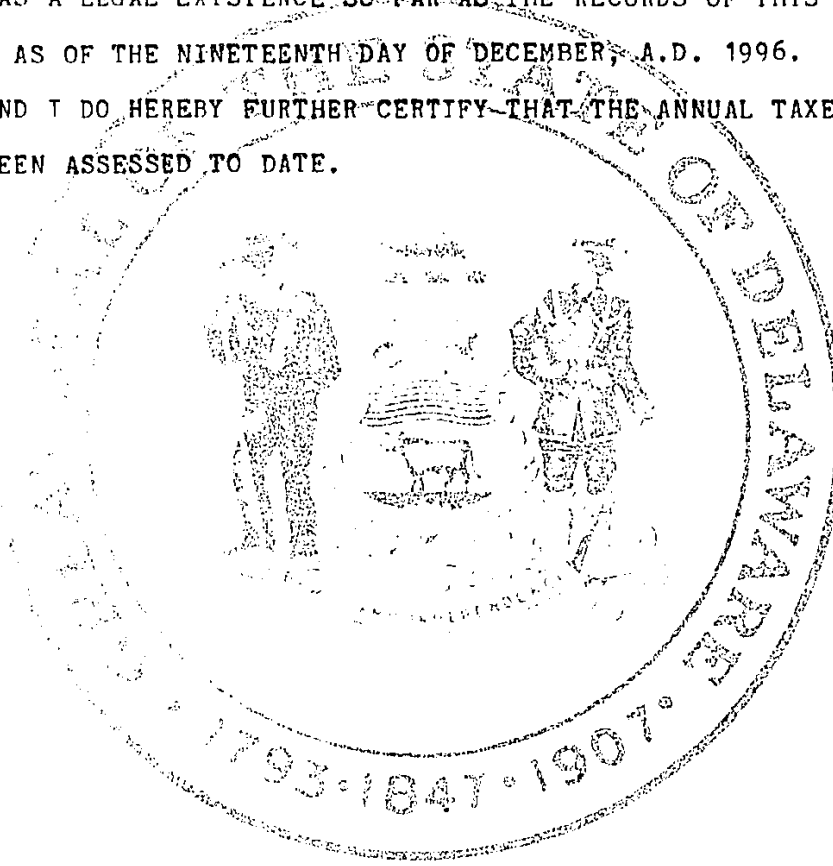
Filing Fee: \$ 35 for Designation of Registered Agent

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State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCA FUNDING 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 NINETEENTH DAY OF DECEMBER, A.D. 1996.

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



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99 DEC 20 PM 12:43



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

12-19-96