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Lance J.M. Steinhart

Attorney At Law 500 Northpark Town Center 1100 Abernathy Road - Suite 1112 Atlanta, Georgia 30328

Also Admitted in New York and Maryland

Telephone: (770) 698-9200 Facsimile: (770) 698-9202

December 30, 1996

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

_____P970880022---6 ------81/18/97--81813--081 ****140.00

Re: Certificate of Authority for Providian Group, LLC

Dear Sir/Madam:

300002062163--4 -01/10/97--01013--001 ****140.00 ****140.00

In connection with the above-referenced matter, enclosed please find the following documents:

- 1. One original and one copy of the Application for Certificate of Authority of a Foreign Corporation;
- 2. One Certificate of Existence issued by the California Secretary es
- 3. A check in the amount of \$140.00 payable to the Florida Department of State in payment of the filing fee and the issuance of the Certificate of Authority.

If you have any questions regarding this filing or the enclosed documents, or if you require additional information, please contact me.

Name Nolo Availability Coc

Document Examiner

Undater DCC

Undater Enclosures DCC

ce: Mr. Jayre Amirie

Sincerely,

Lynn Burlingame

Paralegal

410000000FPM

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AU-THORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

California		3	33-0732046	
Jurisdiction under the law of which t company is organized)	loreign lirnited liabi	ility	(FEI number, if applical	ble)
November 19, 1996	5	2026		
(Date of Organization)		tion: Year limit perpetual?	ed liability company will co	
Upon Certification				J J
(Date first transacted business in F	lorida. (See sections	608.501, 608.502	, and 817.155, F.S.)	JAN -9
10175 Slater Avenue, S	Suite 200			
Fountain Valley, Calif	fornia 92708			AM II:
*****	ddress of principal	-(f)	To company	-
ist and indicate in title space p ember[MGRM] or manager[l	rovided the nar VIGR]. It is not	ne, title, and	business address of o	each mana
istand indicate in title space p ember[MGRM] or manager[I	rovided the nar VIGR]. It is not	ne, title, and necessary t	business address of onlist members. AME & ADDRESS:	
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ist and indicate in title space pember[MGRM] or manager[Intach additional page if necessary) NAME & ADDRESS: Jayme Amirie	rovided the nar MGR]. It is not TITLE:	ne, title, and necessary t N Kenny	p list members. AME & ADDRESS:	TITL
ist and indicate in title space pember[MGRM] or manager[lattach additional page if necessary) NAME & ADDRESS: Jayme Amirie 0175 Slater Avenue, Suite	rovided the nar MGR]. It is not TITLE:	ne, title, and necessary t No. Kenny 10175	AME & ADDRESS:	TITL MGRM se 200
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List and indicate in title space parenter [MGRM] or manager[lattach additional page if necessary) NAME & ADDRESS:	rovided the nar MGR]. It is not TITLE: MGRM 2000	N. Kenny 10175 Founta	ME & ADDRESS: Gharib Slater Avenue, Suit in Välley, CA 9270	MGRM te 200 88

Filing Fee: \$ 52.50 for Application

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized repres	entative of a member of
Providian Group, LLC	deposes and says:
1) the above named limited liability company has	s at least two members
2) the total amount of cash contributed by the r	member(s) is \$ 250,000 .
3) if any, the agreed value of property other that \$ A description of the	an cash contributed by member(s) is separt hereals
4) the total amount of cash or property anticipa \$ This total includes amount of cash or property anticipa	ited to be contributed by member(s) is 50 FRANCE CONTRIBUTED TO SERVICE CONTRIBUTED TO SERV
	TIONS TIONS
(in accordance with applion 608.409(3	uthorized representative of a member. Floride Structes, the execution of this efficient electric street entry.

Filing Fee: \$ 52.50 for Affidavit

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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

T. Ine	name of the limited liability company is: Providiality Group, LLA	
2. The	name and address of the registered agent and office is:	
		· =
	C T Corporation System	Wise 97.
•	(Name)	- AN OR
	1200 South Pine Island Road	المراج
•	(P.O. Box or Mail Drop Box HOT acceptable)	- ≥ \$\$
	Plantation, Florida 33324	AH II:
	(City/State/Zip)	~ <u>~ ;⊇</u> ⊒
	faction and	Q 28
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		•
Havina l	been named as registered agent and to accept service of process fo	or the above stated
	liability company at the place designated in this certificate, I hereby	
	registered agent and agree to act in this capacity. I further agree to	
provision	ns of all statutes relating to the proper and complete performance of	f my duties, and f
am ramii	iliar with and accept the obligations of my position as registered ege	int.
	Manual Dalar	
	rungs, count 11190	
Mary	R. Adams, Assistant Secretary	•



SECRETARY OF STATE

CERTIFICATE OF STATUS CALIFORNIA LIMITED LIABILITY COMPANY

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the	19th	day of	November	, 19 _96	
		ROVIDIAN GROUP,	LLC	9	<u>. ₹</u>
of Organization	n in this office; Levists in this (e laws of the State and office of a certific urt declaring can	cate of cancellat	ion of said lin	RY OF STATE CORPORATIO
That according authorized to standing in the	exercise all its	s of this office, to powers, rights a fornia; and	he said limited li nd privileges an	ability company d is in good leg	ı is al
_		tie is this office	on the financial	condition of thi	is

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

2nd day of December, 1996

Secretary of State