FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM

MAY 21'97 12:24 FR PROSKAUER ROSE 2

\*\* ENTER 'M' FOR MENU. \*\*

2. REQUEST COR ELECTRONIC FILING

5. RESTORE ORIGINAL DEFAULTS

3. REQUEST COR ELECTRONIC CERTIFICATE

4. ALTER DEFAULTS FOR THIS SESSION

6. COR ELECTRONIC FILING INQUIRY MENU
7. UCC ELECTRONIC FILING MENU

1. ENTER PASSWORD

5/20/97

5/20/97

561 241 8153 TO 0010#19049224000 P.25/36

PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET (((H97000008267 1))) DIVISION OF CORPORATIONS FROM: PROSKAUER ROSE GOETZ & MENDELSOHN CONTACT: KATHY RASLER PHONE: (561)995-4751 NAME: 2640 MARION MORTGAGE LC AUDIT NUMBER...... H97000008267 DOC TYPE..... FOREIGN LIMITED LIABILITY COMPANY CERT. OF STATUS... CERT. COPIES.....1 DEL.METHOD.. NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

ACCT#: 074673001063 FAX #: (561)241-7145 PAGES..... 3 FAX EST.CHARGE., \$192.50 AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT FLORIDA DIVISION OF CORPORATIONS 9:36 ELECTRONIC PROCESSING MENU --KEY-- 100 PASSWORD/NEWPASSWORD DOCUMENT TYPE CORPORATE DOCUMENT NUMBER \*\*\* NO KEY \*\*\* '.' \*\*\* NO KEY \*\*\* \*\*\* NO KEY \*\*\* \*\*\* NO KEY \*\*\* \$9568.0

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FAX #: (904) 922-4000

9:35

8. PARTNERSHIP ELECTRONIC FILING MENU \*\*\* NO KEY \*\*\* 9. RETURN TO MAIN MENU \*\*\* NO KEY \*\*\* --- CURRENT DEFAULTS ---ACCOUNT NAME: 074673001063 AVAILABLE BALANCE: SUB ACCOUNT: METHOD OF DELIVERY: F FAX NUMBER: (561)241-7145 MAIL NAME: PROSKAUER ROSE GOETZ & MENDELSOHN MAIL ADDR1: 2255 GLADES ROAD

MAIL ADDR2: ONE BOCA PLACE STE 340 W
CITY: BOCA RATON ST: FL ZIP: 33431-0000 COUNTRY: US ENTER SELECTION NUMBER, 1 THRU 9, A BLANK AND THE KEY (IF REQUIRED).

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TEQUEST PARTNERSHIP REGISTRATION GEN/LLP.... a varifyer

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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 21, 1997

GEORGE A. PINCUS, ESQ. PROSKAUER ROSE ET AL 2255 GLADES RD., STE 340W BOCA RATON, PL 33431

SUBJECT: 2640 MARION MORTGAGE LC

REF: W97000011911

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6913.

Diane Cushing Corporate Specialist FAX Aud. #: E97000008267 Letter Number: 297A00027495

### H97000008267 1

### 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	2640 MARION MOE	RIGAGE L. L.C.		
Ì	Name of foreign limited liability comp	any must end with the	words "limited company" or their ab	breviation
•	L.C." If not so contained in the name	at present. Please No	ote: L.L.C. is not an acceptable suffic	k in Florida.)
2.	Delaware		3	
- 1	Jurisdiction under the law of which for	reign limited liability	3( FEI number, if applicab	(e)
	company is organized)			
				•
4.	12/3/96 (Date of Organization)	5	October 31, 2046	
	(Date of Organization)	(Duration: or "perpe	Year limited liability company will ce	ase to exist
		or beibe	imai i	
6.	Upon filing			i - i
	Upon filing (Data first transacted business in Fl	orida. (See sections 608.5	501, 608,502, and 817.155, F.S.)	
7.	c/o Sherry & Sons, I 11 Balint Drive			<del>-</del> -, -
7.	II BAITINE DETVE			,
	Yonkers, New York 1	0710		
•		dress of principal offic	e)	- 옆 불카
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>
8.	Listand indicate in tide space pr	ovided the name. 1	title, and business address of e	ach managing
r.	nember[MGRM] or manager[N	IGR]. It is not nec	essary to list members.	
	(attach additional page if necessary)		•	
	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
	MANE & ADDITESS.	1116,59,	MANIE & ADDITEOS.	,,,,,,,
ا_	MICHAEL SHERRY	MGRM		
	1			
_	11 Balint Drive			
	Yonkers, New York 10710			
-	TOTAL TAX TOTAL			
	C A Discoura Fire			
	George A. Pincus, Esq.			
	Florida Bar 0771643	·····		<u> </u>
	Proskauer Rose, et al.			
	2255 Glades Rd., Suite 340W			
	Boca Raton, FL 33431			
	(561) 995-4781			
	Н97000008267 1	E	for Application	
	riling	Fee: \$ 52.50	tor Application	

H970000008267 1

## 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.

	CT (A)DDADATICAL SYSTEM"	9
	(Nama)	<del>-</del>
1	1200 South Pine Island Road	55 <del></del> √,
,	(P.O. Box or Mail Drop Box NOT acceptable)	
	Plantation, FL 33324	
	. (City/State/Zip)	Affens

Filing Fee: \$ 35 for Designation of Registered Agent

(Signature)

PETER F. SOUZA ASSISTMAT SECRETARY

H970000082671

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

The undersigned member or authorized representation	entative of a member of
MORICAGE IC	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	nember(s) is \$
3) if any, the agreed value of property other that \$ A description of the	in cash contributed by member(s) is a property is attached and made a part hereto.
4) the total amount of cash or property anticipa 8 This total includes amount of cash or property anticipa	ted to be contributed by member(s) is contributed by member(s) is contributed by member(s).
Who I	Lany 3/10/47
(In accordance with section 608.408(3)	rthorized representative of a member. , Florida Statuse, the execution of this affidavit sides of perfury that the facts stated herein are true.)

# State of Delaware

PAGE 1

# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2640 MARION MORTGAGE 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 THIRD DAY OF FEBRUARY, A.D. 1997.

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

\$712721 THE \$157

Edward J. Freel, Secretary of State

2690069 8300

971035370

AUTHENTICATION:

8313198

DATE:

02-03-97