City/State/Zip	nancial Co. UC 's Name 26th St., #2DC Idress Jale FL 33305 Phone #	Office Use Office
CORPORATION NAM	E(S) & DOCUMENT NUM	ABER(S), (if known):
		Co. LLC Document #)
2. (Corporation	Name) (Do	locument #)
3.		
(Corporation	Name) (Do	6000023173960
4. (Corporation	Nome) (D	-10/10/9701067001 Document #) ****285.00 ****285.00
(Corporation	(Name)	139-25-TT
☐ Walk in ☐ Pic	ck up time	Certified Copy
	ll wait Photocopy	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Dire	rector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION :	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
I VALLO ACCOUT VACION	Reinstatement	
	Trademark	
	Other	
		Examiner's Initials
		Examine 5 minais



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 17, 1997

SOURCE FINANCIAL CO., LLC 1881 N.E. 26TH ST., SUITE 212C FT. LAUDERDALE, FL 33305

SUBJECT: SOURCE FINANCIAL CO., LLC

Ref. Number: W97000023611

97 OCT 29 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SOURCE FINANCIAL CO., LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

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 (850) 487-6025.

Cathy A Mitchell Corporate Specialist

Letter Number: 897A00050591

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:

pource Financial Co., L.L.C.

contained in the name at present.)			
New Jersey			
sdiction under the law of which foreign pany is organized)	limited liability	(FEI number, if a	pplicable)
4 4 97	5		
(Date of Organization)		(Duration: Year limited liability exist or "perpetual")	company will ease to
10/15/97			
(Date first transacted busines			
21 E. High	ST Son	nerville NJ C	18876
1			
	(Street address of p	principal office)	
NAME & ADDRESS:	TITLE:	371357 0 1 D D D D D D D D D D D D D D D D D D	
DANA SHAPITO	Mer	NAME & ADDRESS:	TTTLE: P
DANA SHAPITO 1881 N.E.ZGHAS	Mer	NAME & ADDRESS:	FILL HALLAHASSE
DANA SHAPITO	Mer	NAME & ADDRESS:	FILED EPTOCT 29 PM L EECRETARY OF SI TALLAHASSEE, FL
DANA SHAPITO 1881 N.E.ZGHAS	Mer	NAME & ADDRESS:	1770
DANA SHAPITO 1881 N.E.ZGHAS SUITE 212 C	Mer	NAME & ADDRESS:	1770
DANA SHAPITO 1881 N.E.ZGHAS SUITE 212 C	Mer	NAME & ADDRESS:	1770
DANA SHAPITO 1881 N.E.ZGHAS SUITE 212 C	Mer	NAME & ADDRESS:	1770
DANA SHAPITO 1881 N.E.ZGHAS SUITE 212 C	Mer	NAME & ADDRESS:	1770
DANA SHAPITO 1881 N.E.ZGHAS SUITE 212 C	Mer	NAME & ADDRESS:	1770
	sdiction under the law of which for eign pany is organized) HHH97 (Date of Organization) Oute first transacted business ZIE.Hgh	sdiction under the law of which for eign limited liability pany is organized) HHH 97 (Date of Organization) [Date first transacted business in Florida. (See see 2) [Street address of paname, title, and business address of each managing manage the foreign limited liability company in Florida.	sdiction under the law of which foreign limited liability (FEI number, if a pany is organized) (Date of Organization) (Date of Organization) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817. 21 E. High ST Somen uille NT C (Street address of principal office) (Street address of principal office) mame, title, and business address of each managing member[MGRM] or managemanage the foreign limited liability company in Florida: (attach additional pagemanage the foreign limited liability company in Florida: (attach additional pagemanage)

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	FILED 97 OCT 29 PM 4: 10 SUCRETARY OF STATE TALLAHASSEE, FLORIDA
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 50,300
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	s <u> </u>
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	<u>\$ 50,30</u> 0
5) the total amount of cash or property anticipated to be contributed by member(s) is	s <u>50,300</u>

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.)

Filing Fee: \$250.00 for Application and Affidavit

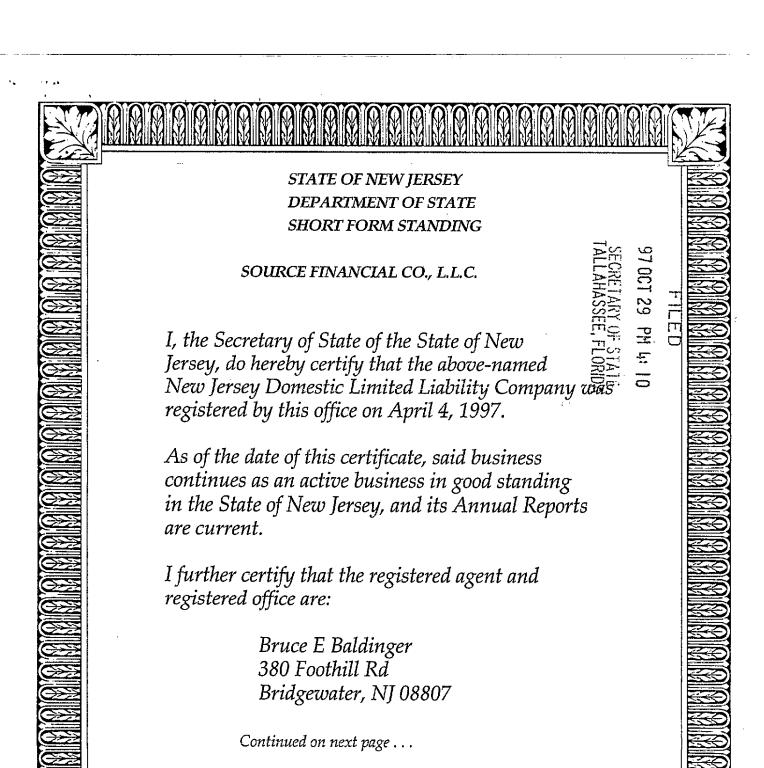
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

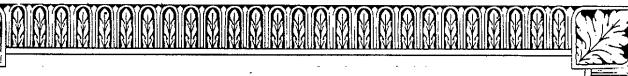
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Source Financial Co., L.L.C.	SECR	97 OC	
2. The name and address of the registered agent and office are:	HASSEE	T 29 F	FILE
DANA SHAPIO	FSTA PLOR	£.	Ö
(Name)	F	0	
1881 N.E. 26th ST. SUITE 212C (P.O. Box or Mail Drop Box NOT ACCEPTABLE)			
Fort Lau DerDale Fla. 33305 (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.

Dana Dhaw 10/23/97 (Signature) (Date)

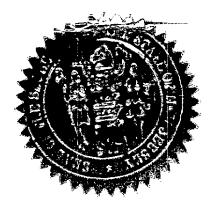




STATE OF NEW JERSEY
DEPARTMENT OF STATE
SHORT FORM STANDING

SOURCE FINANCIAL CO., L.L.C.

97 OCT 29 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of September, 1997

Home R. Hooly

LONNA R HOOKS
Secretary of State