Myndepfindense Finding 96. LZ 3

April 1, 1998

Florida Department of State Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 600002478596--C -04/03/98--01093--004 ****346.25 ****346.25

Dear Sir or Madam:

Independence Funding Company, LLC is requesting registration as a foreign limited liability company to transact business in Florida. Enclosed with this letter is an original certificate of existence, application for registration and a check in the amount of \$364.25. The check is for the application fee, designation of registered agent, certified copy and certificate of status.

If I have failed to send any other paper work necessary for the registration process please feel free to contact me at (972) 247-1776 ext. 207.

Sincerely,

Nicole M. Powers

Accounting/Servicing Assistant

Enclosure

Name
Availability

Document
Examinat
Updater

Updater
Verifyer

Acknowledgement
W. P. Ver Vir

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:

| 1. | Name of foreign limited liability company muso contained in the name at present.) | , LLC st end with the | e wor | ds "limited company" or their abbreviat | tion "L.C." if not |
|----|--|--------------------------------|--------|--|--------------------|
| 2. | Texas/Dallas | | 3 | 75-2494555 | |
| | (Jurisdiction under the law of which foreign lin company is organized) | ited liability | ٠ | 75-2494555 (FEI number, if applicab | le) |
| 1 | 07/06/93 | | 5 | Perpetual | |
| 7. | (Date of Organization) | | (| Duration: Year limited liability comparexist or "perpetual") | ny will cease to |
| | | | | | 5. Jan |
| 6. | Upon Approval | n Florido (Sa | - cont | ions 608.501, 608.502, and 817.155, F. | 8) |
| | (Date first transacted business i | n Florida. (Sec | e secl | ions 608.301, 608.302, and 817.133, F. | 8.) |
| 7. | 7200 Lake Ellenor Dr., Suite | 200. Orlän | do. | FL 32809 | 3 7 7 |
| | | | | | 30 |
| | | | | |) <u>T</u> |
| | (S | street address | of pri | ncipal office) | - : 3 |
| | List name, title, and business address of | | | | F 4 1 1 |
| | | _ | _ | | _ |
| | will manage the foreign limited liability NAME & ADDRESS: | company in | _ | rida: (attach additional page if neo | cessary) TITLE: |
| | will manage the foreign limited liability | TITLE: | _ | , , , , , , | • • |
| | will manage the foreign limited liability NAME & ADDRESS: | TITLE: | _ | NAME & ADDRESS: | TITLE: |
| | will manage the foreign limited liability NAME & ADDRESS: | TITLE: | _ | NAME & ADDRESS: Steve Smith | TITLE: |
| | will manage the foreign limited liability NAME & ADDRESS: | Member 203 | Flor | NAME & ADDRESS: Steve Smith 3010 LBJ Frwy., Suite 920 | TITLE: |
| | NAME & ADDRESS: David W. Mills 1205 Pacific Ave., Suite Santa Cruz, CA 95060 | Member 203 | Flor | NAME & ADDRESS: Steve Smith 3010 LBJ Frwy., Suite 920 | TITLE: |
| | NAME & ADDRESS: David W. Mills 1205 Pacific Ave., Suite Santa Cruz, CA 95060 Harbourton Holdings, L. | Member 203 | Flor | NAME & ADDRESS: Steve Smith 3010 LBJ Frwy., Suite 920 | TITLE: |
| | NAME & ADDRESS: David W. Mills 1205 Pacific Ave., Suite Santa Cruz, CA 95060 Harbourton Holdings, L.1 33 Whitherspoon St., 3rd | Member 203 | Flor | NAME & ADDRESS: Steve Smith 3010 LBJ Frwy., Suite 920 | TITLE: |
| | NAME & ADDRESS: David W. Mills 1205 Pacific Ave., Suite Santa Cruz, CA 95060 Harbourton Holdings, L.1 33 Whitherspoon St., 3rd | Member 203 Member Floor Member | Flor | NAME & ADDRESS: Steve Smith 3010 LBJ Frwy., Suite 920 | TITLE: |

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| The undersigned member or authorized representative of a member of | |
|--|------------------------|
| Independence Funding Company, LLC certifies: | |
| 1) the above named limited liability company has at least two members; | |
| 2) the total amount of cash contributed by the member(s) is | \$11,380,000 |
| 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.) and | \$ <u> </u> |
| 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) | \$ <u>11,380,000</u> . |
| Signature of a member or an authorized representative of a mem (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 | ber. |
| stated herein are true.) | |
| Stuart A. Mitchell, Vice President - Controller | 3 |
| Typed or printed name of signee | |

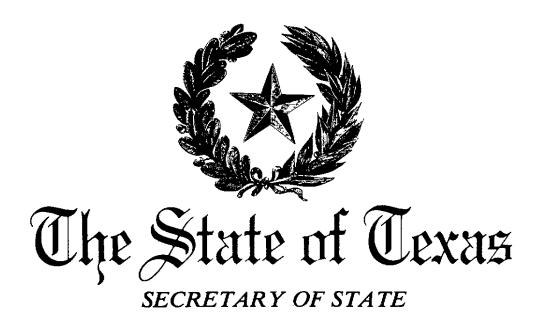
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

| 1. | The name of the Limited Liability Company is: | | | | | |
|----|---|-----|--------------|--|--|--|
| | Independnece Funding Company, LLC | | | _ | | |
| 2. | The name and the Florida street address of the registered agent and office are: | | | | | |
| | | | | | | |
| | Phillip Malcolm | | | | | |
| | (Name) | | | | | |
| | 7200 Lake Ellenor Drive., Suite 200. | 100 | 3 = | | | |
| | Florida street address (P.O. Box NOT ACCEPTABLE) | | * 3) } | ·) -==================================== | | |
| | Orlando, FL 32809 | | '4 2 2 | | | |
| | City/State/Zip | | | | | |
| | · | : | تَ | | | |

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.

Filing Fee: \$ 35 for Designation of Registered Agent



IT IS HEREBY CERTIFIED that Articles of Organization of

INDEPENDENCE FUNDING COMPANY, LLC File No. 7003542-22

were filed in this office and a certificate of organization was issued to this limited liability company, and no certificate of dissolution is in effect and the company is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on March 25, 1998.

Alberto R. Gonzales

Secretary of State

BAM