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FLORIDA DIVISION OF CORPORATIONS

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FROM: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

ACCT#:

075350000353

CONTACT: CATHY LEACH

PHONE: (212) 431-5000

FAX #:

(212)431-5111

NAME: LBI ASSET MANAGEMENT, LLC

AUDIT NUMBER..... H98000017456

DOC TYPE......FOREIGN LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

PAGES....

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

IN COMPLIANCE WITH SECTION 608.503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if nor so contained in the name at present.) (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Deration: Year limited liability company will July 7, 1998 (Date of Organization) cease to exist or "perpetual") (Date first transacted business in Florida.) (See sections 608.501, 608.502, and 817,155, F.S.) 10100 W. Sample Road, Suite 401 Coral Springs, Florida 33065 (Sweet address of principal office) 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: **MORM** Paul F. Lovito, Jr. 10100 W. Sample Road. Suite 401 Coral Springs, FL 33065 ထ ယ

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

BlumbergExcelsion 62 White St NY, NY 10013 212–43145000

Filing Fee: \$52.50 for Application

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State of Delaware

PAGE 1

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LBI ASSET MANAGEMENT, 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 ELEVENTH DAY OF AUGUST, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEI ASSET MANAGEMENT, LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 1998.

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

DIVISION OF CORPORATIONS

OR SEP 18 AM 8: 32

BlumbergExcelsior 62 White St NY, NY 10013 212-431-5000

Edward | Bree | Secretary of State

AUTHENTICATION:

9246496

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DATE:

08-11-98

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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.

10	The name of the Limited Liability Company is:
	LBI Asser Management, LLC
20	The name and the Florida street address of the registered agent and office are:
	Paul F. Lovito. Jr. (Name)
	10100 W. Sample Road, Suite 401 Florida street address (P.O. Box NOT ACCEPTABLE)
	Coral Springs, FL 33065 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.

Filing Fee: \$35.00 for Designation of Registered Agent

BlumbergExcelsior 62 White St NY, NY 10013 212-431-5000 SECRETARY OF STATE STATE OR SECRETARY OF STATE OR SECRETARY OR SECRETARY OF STATE OR SECRETARY OR SECRET

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The	e undersigned member or authorized representative of a member of LB(Asset Management, 1	<u>11./1</u>
	certifies:	
1) 2) 3)	the total amount of cash contributed by the member (5) is \$	000; 0_;
4)	and	. 000 :
	Signature of a member or an authorized representative of a member of an econdance with section 608.408(3). Florida Statutes, the executaffidayit constitutes an affirmation under the penalties of perjury the stated herein are true.)	nber. ion of this at the facts
	Typed or printed name of signed Filing Fee: \$250.00 for Application and Affidavi	90

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