M98000001411 PARALLEL COMMERCIAL CAPITAL TAMPA LLC

November 17, 1998

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Registration Section
Division of Corporation
408 E. Gaines Street
Tallahassee FL 32399

Dear Sirs:

Enclosed is the completed application to register our foreign limited liability company Please forward any information that we would need to keep for our records.

Should you have any questions, please contact me at (813)831-1020.

Sincerely,

Mar Sym

Mark Sigmund

Name 2/2/ Availability Clar	198
Document Examiner	DCC
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W. P. Verifyer	DCC

Mark Sigmundave

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DATE 13/3/98

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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:

ame of foreign limited liability company contained in the name at present.)	y must end with the	words "limited company" or thei	r abbreviation "	L.C." if not	
Delaware	- 3	. <u>5</u> 2-2123775			
rrisdiction under the law of which foreig mpany is organized)	n limited liability	(FEI number, if	applicable)		
9/4/98 (Date of Organization)	5		<u>i</u>		
(Date of Organization)		(Duration: Year limited liabi exist or "perpetual")	lity company w	*) =-	
9/4/98			**************************************	i i i i i i i i i i i i i i i i i i i	
		sections 608.501, 608.502, and 8	17.155, F.S.)	- 	
2907 West Bay to Bay	Blvd., Suit	e 208	# m.		i
Tampa FL 33629					
			<u> </u>	<u> </u>	
at name, title, and business addres I manage the foreign limited liab	ility company in	ng member[MGRM] or ma Florida: (attach additional p	age if necess	ary)	
t name, title, and business addres l manage the foreign limited liabi	s of each managi	ng member[MGRM] or ma	age if necess	who ary) TLE:	
I manage the foreign limited liab	s of each managi	ng member[MGRM] or ma Florida: (attach additional p NAME & ADDRESS	age if necess	ary)	
I manage the foreign limited liabi NAME & ADDRESS: Mark_Sigmund	s of each managi ility company in TITLE:	ng member[MGRM] or ma Florida: (attach additional p NAME & ADDRESS	age if necess	ary)	
I manage the foreign limited liabi NAME & ADDRESS:	s of each managi ility company in TITLE: MSR Bay_Blvd.,	ng member[MGRM] or ma Florida: (attach additional p NAME & ADDRESS	age if necess	ary)	
I manage the foreign limited liabi NAME & ADDRESS: Mark Sigmund 2907 W. Bay to	s of each managi ility company in TITLE: MSR Bay_Blvd.,	ng member[MGRM] or ma Florida: (attach additional p NAME & ADDRESS #208	age if necess	ary) TLE:	
I manage the foreign limited liabi NAME & ADDRESS: Mark Sigmund 2907 W. Bay to	s of each managi ility company in TITLE: MSR Bay_Blvd.,	ng member[MGRM] or ma Florida: (attach additional p NAME & ADDRESS #208	age if necess	ary) TLE:	
NAME & ADDRESS: Mark Sigmund 2907 W. Bay to Tampa FL 3362	s of each managi ility company in TITLE: TITLE:	ng member[MGRM] or ma Florida: (attach additional p NAME & ADDRESS #208	age if necess	ary) TLE:	
NAME & ADDRESS: Mark Sigmund 2907 W. Bay to Tampa FL 3362	s of each managi ility company in TITLE: TITLE:	ng member[MGRM] or ma Florida: (attach additional p NAME & ADDRESS #208	age if necess	ary) TLE:	

^{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.)

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.

		ial Capital T			26 8
2. The name and	the Flor	ida street address of	the registered	agent and office are:	50 T
	Mark	Sigmund		•	1.
			(Name)		
	2907	West Bay to 1 Florida street addres	Bay Blvd., ss (P.O. Box <u>NO</u>	Suite 208 TACCEPTABLE)	10A 10E
_		Tampa	FL City/State/Zip	33629	r

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.

(Signature)

1. The name of the Limited Liability Company is:

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	•
Parallel Commercial Capital Tampa LLC certifies:	
1) the above named limited liability company has at least one member; (Mark Sign	mund)
2) the total amount of cash contributed by the member(s) is	\$;
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	\$;
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.)	\$
Signature of a member or an authorized representative of a mem	98 NOV - 8 IDer.
(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.)	M III: 40
Mark Sigmund	The state of the s
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARALLEL COMMERCIAL CAPITAL TAMPA

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 TWENTY-SEVENTH DAY OF

OCTOBER, A.D. 1998.

20 NOV 18 /M 11: 40



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 9390959

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11-05-98