Document Number Only 1900000234 660 East Jefferson Street Requestor's Name Tallahassee, Florida 32301 Address (850) 222-1092 Phone State Zip City ****145.00 ****145.00 CORPORATION(S) NAME 80000278083 () Profit () Amendment () Merger () NonProfit Limited Liability Company () Mark () Dissolution/Withdrawal Foreign () Other () Annual Report () Limited Partnership () Change of R.A. () Fict. Filing () Reinstatement () UCC-1 () Limited Liability Partnership () Photo Copies () CUS () Certified Copy () After 4:30 () Call if Problem Call When Ready Pick Up () Will Wait Walk In () Mail Out Please Return Extra Copy(s) Name Filed Stamp Availability Document Thanks, Melänie Examiner FEB 19 300 Updater, Verifier Acknowledgiffeat W.P. Verifier

CR2E031 (1-89)

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:

(Name of foreign limited liability company must end with the words "limited liability company" or their appreciations "L. L. C." on "L. C." if	
company" or their abbreviations "L.L.C." or "L.C." if not so contained in the name at	y company" or "limited present.)
2.DELAWARE 3, 13-4012665	
(Jurisdiction under the law of which foreign limited liability (FEI number, i company is organized)	if applicable)
4. JUNE 30. 1998 5 PERPETUAL	
(Date of Organization) (Duration: Year limited liabi cease to exist or "perpetual")	lity company will
6. PENDING APPROVAL	•
(Date first transacted business in Florida. (See sections 608.501, 608.5	02 and 817.155, F.S.)
7. 1005 WEST BUSCH BLVD., SUITE 206	, ,
TAMPA, FLORIDA 33612	
(Street address of principal office)	
3. List name, title, and business address of each managing and the Diagram	-
 List name, title, and business address of each managing member [MGRM] will manage the foreign limited liability company in Florida: (attach additional NAME & ADDRESS: NAME & ADDRESS:	ional page if necessary)
attach addit	or manager [MGR] who ional page if necessary) TITLE:
NAME & ADDRESS: TITLE: NAME & ADDRESS:	TITLE:
NAME & ADDRESS: TITLE: NAME & ADDRESS:	TITLE:
NAME & ADDRESS: TITLE: NAME & ADDRESS:	TITLE: 99 FEB
NAME & ADDRESS: TITLE: NAME & ADDRESS:	TITLE: 99 FEB 9
NAME & ADDRESS: TITLE: NAME & ADDRESS:	SECRETARY OF STA
NAME & ADDRESS: TITLE: NAME & ADDRESS:	TITLE: 99 FEB
NAME & ADDRESS: TITLE: NAME & ADDRESS:	SECRETARY OF STA
NAME & ADDRESS: TITLE: NAME & ADDRESS:	SECRETARY OF STA
NAME & ADDRESS: TITLE: NAME & ADDRESS:	SECRETARY OF STA

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 hotocopy 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.

1.	The name of the Limited Liability Company is:		=
Al	MERISTAR FINANCIAL COMPANY, L.L.C.		
2.	The name and the Florida street address of the registered agent and office are:		
۷.	The hame and the Piorida street address of the registered agent and office are.		
	C T CORPORATION SYSTEM	99	IVIO SI
	(Name)	FEB	SCR.
	1200 South Pine Island Road	19	TARY OF CO
	Florida street address (P.O. Box NOT ACCEPTABLE)	7	주요 유유 유 S
	Plantation FL 33324	PH 12: 54	TATE ATTO
	(City/State/Zip)	. 4-	S S
		:	
Havi	ng been named as registered agent and to accept service of process for the above stated	ł limited	
liabil	lity company at the place designated in this certificate, I hereby accept the appointment t and agree to act in this capacity. I further agree to comply with the provisions of all.	as regist	tered
to the	e proper and complete performance of my duties, and I am familiar with and accept the	obligati	ons of
	osition as registered agent.		
СТ	CORPORATION SYSTEM		
	Jamo m Har		
	(Signature)		
	James M. Halpin, Asst. Secy.		
	, , ,		

Filing Fee: \$35 for Designation of Registered Agent

FL057 - C T System Online

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

I D	e undersigned member or authorized representative of a member of		= -
_	meristar Financial Company, L.L.C. 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	\$ <u>1,500,000</u>	.; <u>.</u> -
	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.)	\$0	.: .
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.)	\$ 1,500,000	
	And Warlet	; ; 	-
	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.)	99 FEB 19	FIL
	Charles F. Wonderlic, Member Typed or printed name of signee	CORPORATIONS	STATE

Filing Fee: \$250.00 for Application and Affidavit

AMERISTAR FINANCIAL COMPANY, L.L.C. Directory of Members and Officers

FEIN #13-4012665

NAME	HOME ADDRESS	OFFICE ADDRESS	
Members / Managing Directors			
Charles F. Wonderlic Social Security # 348-28-5341	2029 E. Lake Shore Drive Twin Lakes, WI 53181	1425 Tri-State Parkway Suite 140-B Gurnee, Illinois 60031 Phone: 847-855-7150 Fax: 847-855-7225	=======================================
Robert H. Arnold Social Security #008-32-7598	129 E. 69th Street New York City, NY 10021	152 W. 57th Streeet 44th Floor New York, NY 10019 Phone: 212-757-8966 Fax: 212-757-8972	
Wallace O. Sellers Social Security #288-28-1944	6539 Upper York Road P.O. Box 106 Solebury, PA 18963-0106	6539 Upper York Road P.O. Box 106 Solebury, PA 18963-0106 Phone: Fax:	-
Philip M. Hampton Social Security #	152 W. 57th Streeet 44th Floor New York, NY 10019	152 W. 57th Streeet 44th Floor New York, NY 10019 Phone: 212-757-8966 Fax: 212-757-8972	
Executive Officers			
Charles F. Wonderlic Chairman/Secretary Social Security # 348-28-5341	2029 E. Lake Shore Drive Twin Lakes, WI 53181	1425 Tri-State Parkway Suite 140-B Gurnee, Illinois 60031 Phone: 847-855-7150 Fax: 847-855-7225	SECRETARY OF SIVISION OF CORPO
Robert H. Arnold President/Chief Executive Officer Treasurer/Asst.Secretary Social Security #008-32-7598	129 E. 69th Street New York City, NY 10021	152 W. 57th Streeet 44th Floor New York, NY 10019 Phone: 212-757-8966 Fax: 212-757-8972	OF STATE RPORATIONS
Richard E. Wonderlic Vice President/Asst. Secretary Social Security #341-44-6128	5405 River Road Drive Libertyville, IL 60048	1425 Tri-State Parkway Suite 140-B Gurnee, Illinois 60031 Phone: 847-855-7150 Fax: 847-855-7225	
James R. Saffold Vice President/Asst. Secretary Social Security #264-74-6875	5912 Kenneth Avenue Tampa, FL 33604	1005 West Busch Blvd. Suite 206 Tampa, FL 33612	
Melida Torres Controller/Asst. Secretary Social Security #330-58-9706	270 LaFayette Hoffman Estates, IL 60195	1425 Tri-State Parkway Suite 140-B Gurnee, Illinois 60031 Phone: 847-855-7150	_

Fax: 847-855-7225

AMERISTAR FINANCIAL COMPANY, L.L.C. Directory of Members and Officers

FEIN #13-4012665

NT A N erro		
NAME	HOME ADDRESS	OFFICE ADDRESS
Members / Managing Directors		
Charles F. Wonderlic Social Security # 348-28-5341	2029 E. Lake Shore Drive Twin Lakes, WI 53181	I425 Tri-State Parkway Suite 140-B Gurnee, Illinois 60031 Phone: 847-855-7150 Fax: 847-855-7225
Robert H. Arnold Social Security #008-32-7598	129 E. 69th Street New York City, NY 10021	152 W. 57th Street 44th Floor New York, NY 10019 Phone: 212-757-8966 Fax: 212-757-8972
Wallace O. Sellers Social Security #288-28-1944	6539 Upper York Road P.O. Box 106 Solebury, PA 18963-0106	6539 Upper York Road P.O. Box 106 Solebury, PA 18963-0106 Phone: Fax:
Philip M. Hampton Social Security #	152 W. 57th Streeet 44th Floor New York, NY 10019	152 W. 57th Street 44th Floor New York, NY 10019 Phone: 212-757-8966 Fax: 212-757-8972
Executive Officers		
Charles F. Wonderlic Chairman/Secretary Social Security # 348-28-5341	2029 E. Lake Shore Drive Twin Lakes, WI 53181	1425 Tri-State Parkway Suite 140-B Gurnee, Illinois 60031 Phone: 847-855-7150 Fax: 847-855-7225
Robert H. Arnold President/Chief Executive Officer Treasurer/Asst.Secretary Social Security #008-32-7598	129 E. 69th Street New York City, NY 10021	152 W. 57th Streeet 44th Floor New York, NY 10019 Phone: 212-757-8966 Fax: 212-757-8972
Richard E. Wonderlic Vice President/Asst. Secretary Social Security #341-44-6128	5405 River Road Drive Libertyville, IL 60048	1425 Tri-State Parkway Suite 140-B Gurnee, Illinois 60031 Phone: 847-855-7150 Fax: 847-855-7225
James R. Saffold Vice President/Asst. Secretary Social Security #264-74-6875	5912 Kenneth Avenue Tampa, FL 33604	1005 West Busch Blvd. Suite 206 Tampa, FL 33612
Melida Torres Controller/Asst. Secretary Social Security #330-58-9706	270 LaFayette Hoffman Estates, IL 60195	1425 Tri-State Parkway Suite 140-B Gurnee, Illinois 60031 Phone: 847-855-7150

DIVISION OF CORPORATION OF CORPORATI

Fax: 847-855-7225

State of Delaware Office of the Secretary of State

PAGE :

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERISTAR FINANCIAL COMPANY, L.L.C." 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 1999.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9578516

991060343

2915451

8300

DATE:

02-17-99