



THE UNITED STATES
CORPORATION
COMPANY

M99000000284

ACCOUNT NO. : 072100000032

REFERENCE : 149973 4306827

AUTHORIZATION :

Patricia Puyot

COST LIMIT : \$ 337.50

275.00

ORDER DATE : February 26, 1999

ORDER TIME : 11:51 AM

ORDER NO. : 149973-005

CUSTOMER NO: 4306827

CUSTOMER: Ms. Judy Hoodiman
Abrams Anton, P.a.
2021 Tyler Street

Hollywood, FL 33022

FILED

99 FEB 26 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

99 FEB 26 PM 12:03

FOREIGN FILINGS

NAME: TERRACE LEASING AND FINANCIAL
SERVICES, LLC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

700002788827--3

M99-284

Name	CR 3-1
Availability	
Document	CR
Exemption	
Updater	CR
Reviewer	CR
Approval	CR
Acknowledgment	
M. P. Verifier	



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 26, 1999

ANGIE GLISAR
CSC

SUBJECT: TERRACE LEASING AND FINANCIAL SERVICES, LLC
Ref. Number: W99000004885

FILED
99 FEB 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TERRACE LEASING AND FINANCIAL SERVICES, LLC and the authorization to debit your account in the amount of \$337.50. However, the document has not been filed and is being retained for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2377.50.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 599A00009064

* please debit our account for the additional
\$2377.50 to cover both annual Report
and penalty fees

Patricia Pujant

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. TERRACE LEASING AND FINANCIAL SERVICES, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)

2. NEVADA 3. 52-1050173
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. DECEMBER 29, 1994 5. 30 years
(Date of Organization) (Duration Year limited liability company will cease to exist or "perpetual")

6. November 10, 1997
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. P.O. Box #12246 1456 PITTMAN TERRACE
ZEPHYR COVE, NV 89448
(Street address of principal office)

8. 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:
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<u>SELVIN PASSEN, M.D.</u>	<u>MANAGING MEMBER</u>		
<u>PO BOX #12246 -</u>	<u>1456 PITTMAN TERRACE</u>		
<u>ZEPHYR COVE, NV</u>	<u>89448</u>		

<u>SELVIN PASSEN, M.D.</u>	<u>C/O LAUDERDALE MARINE CENTER</u>		
<u>2001 S.W. 20TH STREET</u>			
<u>FT. LAUDERDALE, FL</u>	<u>33315</u>		

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.)

FILED
93 FEB 26 PM 5:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of TEERACE LEASING
AND FINANCIAL SERVICES, LLC certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is

\$ 0.00

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.)

Selvin Passey M.D.

Signature of a member or an 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.)

SELVIN PASSEY, M.D.

Typed or printed name of signee

FILED
99 FEB 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

TERRACE LEASING AND FINANCIAL SERVICES, LLC

2. The name and the Florida street address of the registered agent and office are:

MATTHEW D. ADLER
C/O ABRAMS ANTON, PA
(Name)

2021 TYLER STREET

Florida street address (P.O. Box NOT ACCEPTABLE)

HOLLYWOOD, FL 33022-9010
City/State/Zip

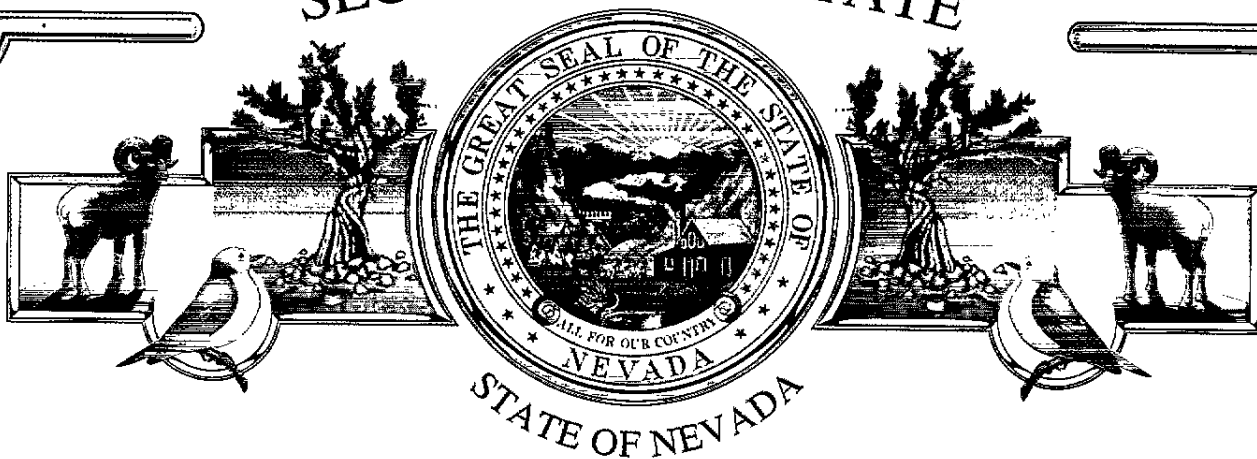
FILED
99 FEB 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Filing Fee: \$ 35 for Designation of Registered Agent

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TERRACE LEASING FINANCIAL SERVICES, LLC, A NEVADA LIMITED LIABILITY COMPANY**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 29, 1994, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on February 9, 1999.

Dean Heller
Secretary of State

By

Acqueline Wirtz
Certification Clerk