m9900000522

Document	Number	Only
-----------------	--------	------

CT Corporation System	1	4000028332449
Requestor's Name 660 East J efferson St	reet	-04/08/9901061020 ****285.00 ****285.00
Address Tallahassee, FL 32310	222-1092	
City State Zip	Phone	
CORPORAT	ION(S) NAME	
		99 SEC
		AD R T
INCT FINDING	commu so	
of Control of	1000	U = U
() Profit () NonProfit	() Amendment	() Merger 5
() Foreign	() Dissolution/W	/
() Limited Partnership	() Annual Repor	4.5
() Reinstatement	()Name Registra	ntion () Change of R.A. Ing Statement() UCC-3 Filing
() Fictitious Name () Certified Copy	() Photo Copies	
() Call When Ready	(X) Call if Problem	n () After 4:30
Walk-In Me) Mail Out ailability 4/8/99 dec	() Will Wait	Pick Up
Name ©\AValiability	Please Return Extra Cop	pies C(//
aminer DCC Document	File Stamped. Thank You	ou!!

CR2E031 (1-89)

Act recknowledgment DCC

DCC

occ

DUC

wdd 0000000 299

AGIROLT, SERVICE AT A STATE OF STATE OF

BO: 41 HR 8- 89A 66

BECEINED

5 mages

 $U^{*}_{\mathcal{F}}$

Upd**Examiner**

veriliverifier

Updater

W. HW.P. Wentier

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:

tompony or their according to	01 2.0. 11	not so contained in the name at pre-	sent.)		
Delaware	3	3. 22-3634034			
(Jurisdiction under the law of which company is organized)			plicable)		
February 5, 1999	5	Perpetual			
(Date of Organization)		(Duration: Year limited liability of cease to exist or "perpetual")	company will		
		cease to exist of perpetual)	SEC [ALI	99	
April 1, 1999 Date first transacted by	uginoss in Florie	da. (See sections 608.501, 608.502;	2-77	n =	
		ua. (See sections 608.501, 608.502)	and 817.135,#18	-8 <u>-</u>	
2 Gatehall Drive, Parsippa	ny, NJ 070)54	<u>inc</u>	골면	
			70.27		
	(Street add	dress of principal office)			
List name, title, and business ad will manage the foreign limited NAME & ADDRESS:	dress of each liability comp	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS:	manager [MG nal page if nec	PR] who essary)	
will manage the foreign limited	liability comp	cany in Florida: (attach addition	nal page if nec	BR] who essary)	
will manage the foreign limited	liability comp	cany in Florida: (attach addition	nal page if nec	SR] who essary)	
NAME & ADDRESS:	liability comp	cany in Florida: (attach addition	nal page if nec	R] who essary)	••
NAME & ADDRESS: Newcourt Financial USA Inc.	liability comp	cany in Florida: (attach addition	nal page if nec	SR] who essary)	
NAME & ADDRESS: Newcourt Financial USA Inc. 2 Gatehall Drive,	liability comp	cany in Florida: (attach addition	nal page if nec	R] who essary)	
NAME & ADDRESS: Newcourt Financial USA Inc. 2 Gatehall Drive,	liability comp	cany in Florida: (attach addition	nal page if nec	R] who essary)	
NAME & ADDRESS: Newcourt Financial USA Inc. 2 Gatehall Drive,	liability comp	cany in Florida: (attach addition	nal page if nec	R] who essary)	
NAME & ADDRESS: Newcourt Financial USA Inc. 2 Gatehall Drive,	liability comp	cany in Florida: (attach addition	nal page if nec	SR] who essary)	
NAME & ADDRESS: Newcourt Financial USA Inc. 2 Gatehall Drive,	liability comp	cany in Florida: (attach addition	nal page if nec	SR] who essary)	
NAME & ADDRESS: Newcourt Financial USA Inc. 2 Gatehall Drive,	liability comp	cany in Florida: (attach addition	nal page if nec	SR] who essary)	•
NAME & ADDRESS: Newcourt Financial USA Inc. 2 Gatehall Drive,	liability comp	cany in Florida: (attach addition	nal page if nec	SR] who essary)	

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.)

(FL057 - 4/23/98)

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:			
_	NCT Funding Company, L.L.C.	<u> </u>		-
2.	The name and the Florida street address of the registered agent and office are:			
	C T CORPORATION SYSTEM (Name)	99 AP	,	
	Florida street address (P.O. Box NOT ACCEPTABLE)	R -8 PM	<u>:</u>	<u>.</u> .
	Plantation FL 33324 PP (City/State/Zip)	- 5		<u></u>

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.

DOMENIC A. BORRIELLO
Assistant Vice President

(Signature)

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authori	ized representative of a member of	NCT Funding Company,
L.L.C.	certifies:	
1) the above named limited liability	ty company has at least two membe	ers;
2) the total amount of cash contrib	outed by the member(s) is	\$ <u>1.00</u> ;
 if any, the agreed value of property is (A description of the property is and 	erty other than cash contributed by a stached and made a part hereto.)	member(s) is \$ 0.00 ;
4) the total amount of cash and proby member(s) is (This total includes amounts fro Signature of a (In accordance wi	member or authorized representation to the section 608.408(3), Florida Statutes, the section an affirmation under the penalties of perjection of the penalties of perjection and the penalties of penalt	ative of a member. execution of this
	John P. Stevenson Typed or printed name of signe	<u> </u>

Filing Fee: \$250.00 for Application and Affidavit

State of Delaware

PAGE 1

Office of the Secretary of State

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

DELAWARE, DO HEREBY CERTIFY "NCT FUNDING 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 TWENTY-FIFTH DAY OF MARCH, A.D.

1999.

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

FILED

99 APR -8 PM 1: 15

SECREDAY OF STATE
TALLAR SECREDAY

Edward J. Freel, Secretary of State

3001709 8300

AUTHENTICATION:

9651101

DATE:

03-25-99