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072100000032 ACCOUNT NO. :

REFERENCE 405892 4382632

AUTHORIZATION :

ORDER DATE: October 8, 1999

ORDER TIME : 10:22 AM

ORDER NO. : 405892-045

CUSTOMER NO: 4382632

CUSTOMER: Ms. Karen Robb

Associates Corporation Of

250 Carpenter Freeway

Irving, TX 75062

FOREIGN FILINGS

NAME: PREMIUM LEASE & FINANCE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

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:

so containe	ed in the name at present.)	of old will do we	ords "limited company" or their abbreviation			
2. Delawar	re	3.	Pending			<u>.</u>
	on under the law of which foreign li is organized)	mited liability	(FEI number, if applicable)			
4. Septemb	ber 10, 1999	5.	Perpetual			=
	(Date of Organization)		(Duration: Year limited liability companexist or "perpetual")	y will ceas	e to	
6. Pending	g qualification				_	
	(Date first transacted business in	n Florida. (See sect	ions 608.501, 608.502, and 817.155, F.S.)			<u></u>
7. 250 Car	rpenter Freeway, Irving, Te	exas 75062			-	
		(Street address of page 1	rincinal office)			•
		•	-			
8. List name	e, title, and business address	of each managi	ing member[MGRM] or manager[MGR]wb	10	
177			Florida, (attack additional page if	nacaccom	۲۰۱	·
will mana	age the foreign limited liabilit	ty company in	Florida: (attach additional page if	necessary	y)	- - -
will mana	age the foreign limited liability NAME & ADDRESS:	ty company in TITLE:	Florida: (attach additional page if NAME & ADDRESS:	necessary		
will mana			Florida: (attach additional page if	necessary		
will mana	NAME & ADDRESS:	TITLE:	Florida: (attach additional page if NAME & ADDRESS:	necessary		
will mana	NAME & ADDRESS: Charles Mr. Jorgensen	TITLE:	Florida: (attach additional page if NAME & ADDRESS: Patrick L. Walsh	necessary		DIVISION
will mana	NAME & ADDRESS: Charles Mr. Jorgensen W229 N1433 Westwood Dr	TITLE:	Florida: (attach additional page if NAME & ADDRESS: Patrick L. Walsh W229 N1433 Westwood Dr	necessary	99 OCT 1	DIVISION OF
will mana	NAME & ADDRESS: Charles Mr. Jorgensen W229 N1433 Westwood Dr Waukesha, Wisconsin 531	Mgr Mgr	Florida: (attach additional page if NAME & ADDRESS: Patrick L. Walsh W229 N1433 Westwood Dr	necessary	99 OCT 13	DIVISION OF COR
will mana	NAME & ADDRESS: Charles Mr. Jorgensen W229 N1433 Westwood Dr Waukesha, Wisconsin 531 Douglas C. Spencer	Mgr Mgr	Florida: (attach additional page if NAME & ADDRESS: Patrick L. Walsh W229 N1433 Westwood Dr	necessary	99 OCT 13 AMII:	SECRETARY OF STATE
will mana	NAME & ADDRESS: Charles Mr. Jorgensen W229 N1433 Westwood Dr Waukesha, Wisconsin 531 Douglas C. Spencer 300 Carpenter Freeway	Mgr Mgr	Florida: (attach additional page if NAME & ADDRESS: Patrick L. Walsh W229 N1433 Westwood Dr	necessary	99 OCT 13 AM	SECRETARY OF STATE DIVISION OF CORPORATIONS
will mana	NAME & ADDRESS: Charles Mr. Jorgensen W229 N1433 Westwood Dr Waukesha, Wisconsin 531 Douglas C. Spencer 300 Carpenter Freeway Irving, Texas 75062	Mgr	Florida: (attach additional page if NAME & ADDRESS: Patrick L. Walsh W229 N1433 Westwood Dr	necessary	99 OCT 13 AMII:	SECRETARY OF STATE DIVISION OF CORPORATIONS

^{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 in in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Illespen

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.)

Douglas C. Spencer, Manager

Typed or printed name of signee

$State\ of\ Delaware$

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIUM LEASE & FINANCE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A CEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE





Edward J. Freel, Secretary of State

3094843 8300 AUTHENTICATION:

0018366

991427909

DATE:

10-11-99

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.

STATE OF FLORIDA.				
1. The name of the Limited Liability Company is:			<u>.</u>	-
Premium Lease & Finance, LLC				_
2. The name and the Florida street address of the registered agent and office are:				-
Corporation Service Company	- : # ∀			
(Name)	- -	7	and the same	#F.
1201 Hays Street		- 3 3		
Florida street address (P.O. Box NOT ACCEPTABLE)	3		and the second	: -:
Tallahassee, FL 32301			Pro-	:
City/State/Zip				=
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.	is ons of al	II	- <u></u>	-
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Filing Fee: \$ 35 for Designation of Registered Agent