CT C MOD 200000808

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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 DE HVB 28 PN 2: 21

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

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATE	\$ 6 M
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	THE STATE OF FLORIDA:
1. 100K line Credit Protection Services	, LLC
(Name of foreig	n limited liability company)
7) Kangas	
(Jurisdiction under the law of which foreign limited liability company is organized)	3(FEI number, if applicable)
404/19/2001	
(Date of Organization)	5. Perpetual (Duration: Very limited 1: 1 W
6. Upon qualification	(Duration: Year limited liability company will cease to exist or "perpetual")
7. 7400 State Line, Prairie Village, KS 66208	e sections 608.501, 608.502, and 817.155, F.S.)
(Street address	of principal office)
ck\line Holdings, LLQ400 State Line, Prairie Village, KS	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	tted)
11. Nature of business or purposes to be conducted or pr	romoted in Florida:
management and administration of credit insurance and debt pro	oteotion programs
By: By:	Member
Signature of a member or an author (In accordance with section 608.408(3), F.S., t an affirmation under the penalties of perjury the Charles A. Laue, President	decument constitutes
.057 - CT Filing Manager Online	· ·

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, FIHE 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:				
lockline Credit Protection Services, LLC				
2. The name and the Florida street address of the registered agent and office are	: :			
C T Corporation System (Name)				
Ç-—-,				
c/o C T Corporation System, 1200 South Pine Island Road				
Florida street address (P.O. Box NOT ACCEPTABLE)				
Plantation FL 33324				
City/State/Zip				
0.1.y. 0.1				

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 as provided for in Chapter 608, F.S..

CT Corporation System

(Signature)

John J. Linnihan, Asst.VP

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

, STATE OF KANSAS

OFFICE OF SECRETARY OF STATE RON THORNBURGH



To all to whom these presents shall come, Greet

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to limited liability companies and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

LOCK\LINE CREDIT PROTECTION SERVICES, LLC

is a regularly and properly organized limited liability company under the laws of the State of Kansas, having filed articles of organization in Kansas on the 19th day of April, A.D. 2001 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 27th day of March, A.D. 2002

> RON THORNBURGH SECRETARY OF STATE