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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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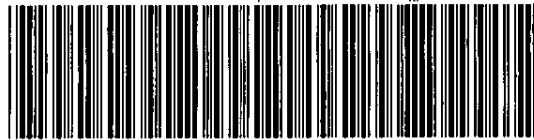
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 FEB 18 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB 19 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 896806 4359881

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE : February 18, 2009

ORDER TIME : 3:31 PM

ORDER NO. : 896806-005

CUSTOMER NO: 4359881

FILED
09 FEB 18 AM 8:25
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: CFS OF SOUTH FLORIDA, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: _____

**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. CFS OF SOUTH FLORIDA, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. ILLINOIS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-4278116

(FEI number, if applicable)

4. FEBRUARY 17, 2009

(Date of Organization)

5. PERPETUAL

(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 300 SOUTH GREEN BAY ROAD

WAUKEGAN, ILLINOIS 60085

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Consumer Financial Services, Corporation 300 S. Green Bay Road, Waukegan, IL 60085

Christopher R. Bauer 7980 Pines Boulevard, Pembroke Pines, FL 33024

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

consumer financial services


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Maureen Byrne, Authorized Representative

Typed or printed name of signee

FILED
FEB 18 AM 8:25
TALLAHASSEE, FLORIDA

**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:

CFS OF SOUTH FLORIDA, L.L.C.

If name unavailable, the alternate name to be used in the state of Florida is:

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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, Florida Statutes.

Corporation Service Company

BY: _____

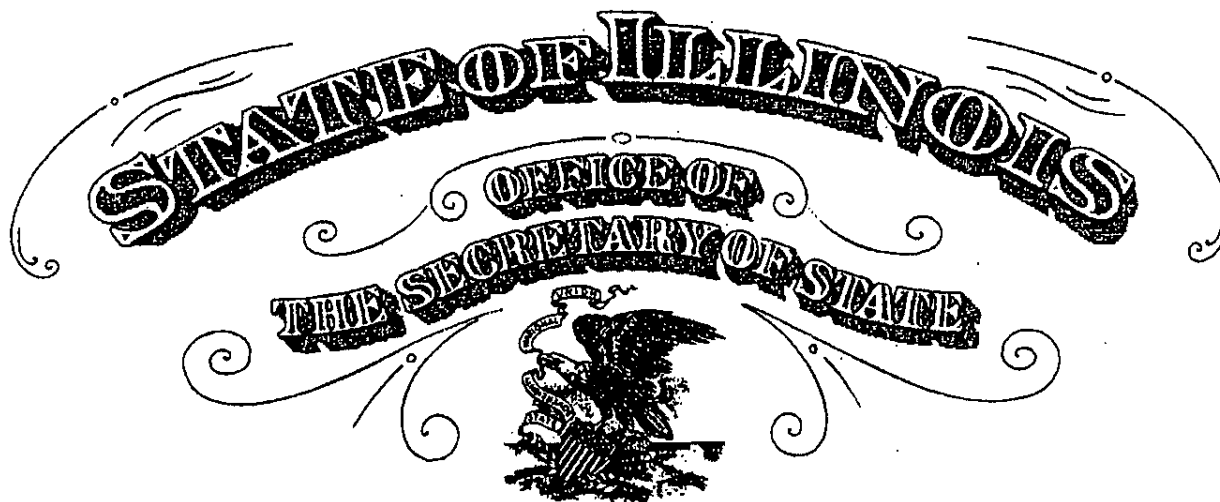
(Signature)

Harry B. Davis
Asst. Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0276173-4



To all to whom these Presents Shall Come, Greeting:
*I, Jesse White, Secretary of State of the State of Illinois, do hereby
certify that I am the keeper of the records of the Department of
Business Services. I certify that*

CFS OF SOUTH FLORIDA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS
ON FEBRUARY 17, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF
THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE
IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE
STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 18TH
day of FEBRUARY A.D. 2009

Jesse White

Authentication #: 0904901551

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE