m1500008972

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: bank in rame WIS-71158

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2015

AMY WILLIAMS 700 S. WASHINGTON AVENUE, SUITE 200 MADISON, SD 57042 US

SUBJECT: SECURE BANKING SOLUTIONS, LLC

Ref. Number: W15000071158

We have received your document for SECURE BANKING SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 015A00022725

COVER LETTER

TO:		ration Section on of Corporation	s						
SUBJE		ecure Banking Soli	ations, LLC						
30171112			Name of L	imited Liability C	ompany				
						nsact Business in Florida," Company to transact busines			
Please r	eturn al	l correspondence c	oncerning this matter to the	following:					
		Amy Williams							
			Ne	me of Person					
	Secure Banking Solutions, LLC								
	Firm/Company								
	700 S Washington Ave. Suite 200								
	Address								
		Madison, SD 57042							
		City/State and Zip Code							
		accounting@prot	ectmy bank.com						
			E-mail address: (to be used	for future annual	report not	ification)			
For furt	her info	rmation concerning	g this matter. please call:						
Amy Williams		605 at (923-87	22 ext. 301					
		Name o	f Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314									
Enclose		neck for the follow 5.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA SEATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ns, LLC		abilia Community II C "		 	
(14mile of Loic	ign Limited Liability Company; r	nust include "Limited Li	ability Company, "L.L.C.,"	or "LLC.")	
Liability Company," "L.L.C,	ternate name adopted for the purp ' or "LLC.")	ose of transacting busin	ess in Florida. The alternate n	ame must	include	"Limited
South Dakota		3. <u>20-1679134</u>				
(Jurisdiction under the law company is orun ized)	of which foreign limited liability		(FEI number, if applicab	lc)		
. Upon Kegisi	ration	t				
	(Date first transacted bus (See sections 605,0904 & 6	05.0905, F.S. to determi	to registration.) ne penalty liability)			
700 S Washington Ave	e, Suite 200			_		
Madison, SD 57042						
		of Principal Office)				
5. 700 S Washington Ave	, Suite 200		<u> </u>		2815	
Madison, SD 57042				ei B	2 75 2 75	CHAPTER TO
	(Mailir	ng Address)		-1 .5	AGE.	APPEARAGE
. Name and street addres	s of Florida registered agent:	(P.O. Box NOT acce	otable)		7	g g
Name:	InCorp Services, Inc. 17888 67th Court North			OF SIA	Ö: ∀	
Office Address:						
2 11.00 1 1 3 H. 020 /	Loxahatchee		, Florida 33470	धीं) त्यां अक्ष	3)	
	(City)		(Zip code)			
lesignated in this applical	gistered agent and to accept s tion, I hereby accept the appo ons of all statutes relative to ti ny position as -reg istered agen	intment as registered he proper and comple	agent and agree to act in t te performance of ny duti	his capa es, and I	city. I j am fan	further agree niliar with and
		A /		1- 101		∼
	Say (Rep	uBrawgawa Listered agentis signature	on behalf o	<u>+</u> /n	-07	Dery
B. The name, title or capa	city and address of the person			<u>+</u> /n(-07	Servi
B. The name, title or capa	city and address of the person Partner			<u>+</u> /n0	_	Sery,
8. The name, title or capa Kevin F. Streff, Managing	city and address of the person Partner			<u>+</u> /n0	_	O Sery
8. The name, title or capa Kevin F. Streff, Managing 700 S Washington Ave, S Madison, SD 57042 9. Attached is a certificate	city and address of the person partner uite 200 of existence, no more than 90 of which it is organized. (If the	(s) who has/have authors days old, duly authent	ority to manage is/are:	g custody	 y of reco	ords in the

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kevin F. Streff

State of South Dakota



OFFICE OF THE SECRETARY OF STATE Certificate of Existence Limited Liability Company

ORGANIZATIONAL ID# DL007538

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, do hereby certify that SECURE BANKING SOLUTIONS, LLC was duly organized under the laws of this state on June 28, 2004 for a perpetual term of existence.

I, further certify that said limited liability company has complied with the laws of this State relative to the formation of limited liability companies of its kind and is now a regularly and properly organized and existing limited liability company under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of termination have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices. Such information is not available from this office.

Validation Number: 1490273597

Use this number to verify the certificate as legitimate via the South Dakota Secretary of State website: sdsos.gov

IN TESTIMONY WHEREOF, I

have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this October 16, 2015.

Shartel Krebs

SOUTH STATE OF THE STATE OF THE

Shantel Krebs Secretary of State

Certificate ID: 17460



FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR COMMISSIONER

November 3, 2015

Ms. Amy Williams 700 S. Washington Ave Ste. 200 Madison, SD 57042

Re: Secure Banking Solutions, LLC

Dear Ms. Williams:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Secure Banking Solutions, LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Jeremy Smith

Bureau Chief, District II

Division of Financial Institutions

SECREMAN OF STATE

JWS/dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State