

P 11093  
2019-01-17 08:13:46 CST  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000019452 3)))



H190000194523ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

DISSOLUTION OR WITHDRAWAL  
ONEMAIN FINANCIAL OF AMERICA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

2019 JAN 17 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JAN 17 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JAN 17 AM 10:53

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN  
JAN 18 2019

**FILED**

2019 JAN 17 AM 10:53

DEPARTMENT OF STATE  
TALLAHASSEE, FL

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

OneMain Financial of America, Inc.

\_\_\_\_\_  
(Name of Corporation)

P11093

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

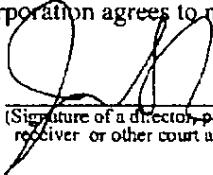
601 NW Second Street

\_\_\_\_\_  
(Mailing Address)

Evansville, IN 47708

\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

01/14/2019

\_\_\_\_\_  
(Date)

Jamie L. Thompson

\_\_\_\_\_  
(Typed or printed name of person signing)

Assistant Secretary

\_\_\_\_\_  
(Title of person signing)