

F0300 0000761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

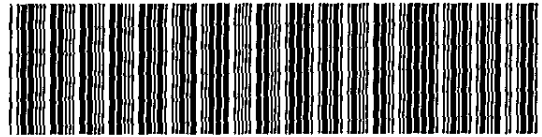
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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UB
2-14-03

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Penn Acceptance Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Stultz
(Name of Person)
Penn Acceptance Corporation
(Firm/Company)
639 Main Street
(Address)
Avoca, PA 18641
(City/State and Zip code)

For further information concerning this matter, please call:

Joseph Limongelli at (570) 414-8877
(Name of Person) (Area Code & Daytime Telephone Number)

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AT TALLAHASSEE, FL 32314

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STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Penn Acceptance Corporation
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Pennsylvania 3. 14-1841628
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7-19-02 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 639 Main Street, Avoca, PA 18641
(Principal office address)
P.O. Box 68, Avoca, PA 18641
(Current mailing address)

8. To provide financing for new & used vehicles
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road,

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Ann J. Williams
(Registered agent's signature)

ANN J. WILLIAMS
Assistant Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Certificate Attached

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: * Please See Attached Sheet *

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: * Please See Attached Sheet *

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Salvatore De Francesco
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Salvatore De Francesco, Vice President
(Typed or printed name and capacity of person signing application)

PENN ACCEPTANCE CORPORATION
639 MAIN STREET
AVOCA, PA 18641

Phone: 1-800-482-7357

Fax: 570-414-7883

PENN ACCEPTANCE CORPORATION
BOARD OF DIRECTORS / OFFICERS
ADDRESS LIST 2003

JOHN STULTZ
(CHARIMAN OF THE BOARD / SECRETARY)
639 MAIN STREET
AVOCA, PA 18641

JOSEPH LIMONGELLI
(PRESIDENT)
639 MAIN STREET
AVOCA, PA 18641

DANIEL LIMONGELLI
(VICE PRESIDENT / TREASURER)
639 MAIN STREET
AVOCA, PA 18641

SALVATORE DEFRANCESCO
(VICE PRESIDENT)
639 MAIN STREET
AVOCA, PA 18641

BRADLEY CLARKE
(VICE PRESIDENT)
639 MAIN STREET
AVOCA, PA 18641

SEAN BONNER
(VICE PRESIDENT)
639 MAIN STREET
AVOCA, PA 18641

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

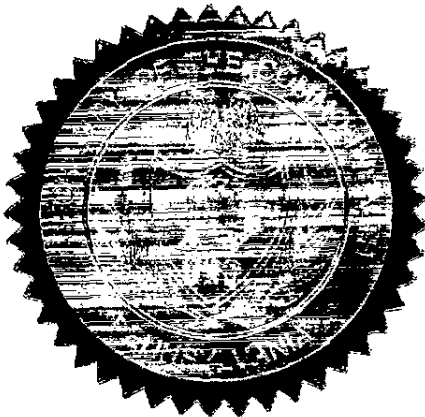
FEBRUARY 10, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PENN ACCEPTANCE CORPORATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Benjamin R. ...

ACTING

Secretary of the Commonwealth

DPOS