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Office Use Only



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### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: CAPITAL ACCEPTANCE SERVICE HOLDING CORPURATION (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:			
Dime Ereland			
(Name of Person)  CAPITAL ACCEPTANCE SERVICE HOLDING COMPORATION  (Firm/Company)			
CAPITAL ACCEPTANCE SERVICE HOLDING COMPORATION			
(Firm/Company)			
B.O. BOX 121083  (Address)  (CLER MONT, FT. 34712			
(Address)			
CLER MONI, M. 34712			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Diane Evaland at 352 394-1101 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{S87.50 Filing Fee,}}\$\$  Certificate of Status Certified Copy 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. CAPUT	TAL ACCEPTOR OF THE PROPERTY O	TAN CE	SERVICE	HOLDING	Coepoes 7	つかん
(Enter name of co	orporation; must include "Il orp," "Inc," "Co," or "Corp.	NCORPORATED	," "COMPANY,"	"CORPORATION,"		
inc., 00., 0	огр, то, со, от согр.	,			<u>o</u> ₽	-*;
				<b>x</b> •••	SEC VISIC	
	able in Florida, enter alterna					
2 GED.	REJA- under the law of which it is	3.	<u> </u>	-220 8346		
		incorporated)	(F	EI number, if applicable)		
4. <u>/a</u>	-15-95	5.		corp. will cease to exist of	2: 5	
(Date	of incorporation)		(Duration: Year	corp. will cease to exist of	or "perpeting") 🤶 📉	
6	(D-1, 6-1)		to the state of the state of			.a
	(SEE SECTIONS	607.1501 & 607 <i>.</i> 1		nine penalty liability)	j	
7.	2200 Ba	(DNSBRI)	OBE Rd.	GAINESVIlle	GA. 3050)	
	(F	rincipal office add	iress)			
	P. O. Box	121083	CLERMO	WT, F1.347	12	-
	(C	Current mailing add	dress)	•		
8.	Usen C	AR 54	es			
	s) of corporation authorized		<del></del>	out in state of Florida)		•
9. Name and stree	et address of Florida regis	tered agent: (P.	O. Box NOT acce	eptable)		
	Diane L.		1	•		
Name:	Orme C.	Overa				
Office Address:	7128 E.C	DUDUIA	LDR.	<b>.</b>	Man	-
	DRLAN (City	DD	, Florida <u></u>	32807		-
	(City	y)	(	(Zip code)		
10. Registered as	gent'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.

(Registered agent's signature)

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.

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

a. DIRECTORS	
hairman:	. <u>u</u> <del></del>
ddress:	24 ** <b>\$</b> 47 <u>***</u>
ice Chairman:	06 T
ddress:	CT DEF
	12 F C.
Virector:	PM ID
ddress:	
	<u></u> ත
Virector:	3 db
ddress:	
. OFFICERS	
resident: JOHN E. MCKINNEY	
ddress: 179 VENETIAN WAY	
Islamarda, II. 33036	
ice President: VICTOR C. WHITE	
1,00 , 000 700	
COLUMBUS 64 31909	
ecretary: Diane L. EVELAND	
ddress: 12221 STILL MEADOW DR CLERN	nows F1.34711
reasurer: Diane L. EVELAND	· · · · · · · · · · · · · · · · · · ·
	many F1.3471
	,
OTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or directors.
3. (Signature of Director or Officer listed in number 12 of the application)	
1 FUEL 4010	
(Typed or printed name and capacity of person signing application)	

# STATE OF GEORGIA

## Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF

**EXISTENCE** 

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### CAPITAL ACCEPTANCE SERVICE HOLDING CORPORATION

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 12/15/1995 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 11th day of October, 2006

> Cathy Cox Secretary of State

Certification Number: 334739-2 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp