

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.

((H120001568123)))



H120001568123ABC

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) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Springleaf Consumer Loan, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

12 JUN 12 AM 11:26

FILED

12 JUN 12 PM 4:09

RECEIVED

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Springleaf Consumer Loan, Inc.
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," or "Certificate of Good Standing" 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:

Linda Jones, Law Department

Name of Person

Springleaf Finance, Inc.

Firm/Company

601 NW Second Street

Address

Evansville IN 47708

City/State and Zip code

Tim.Blythe@slfs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Jones

Name of Person

at (812) 468-5067

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Springleaf Consumer Loan, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 45-5415817

(FEI number, if applicable)

4. 06/04/2012

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 601 NW Second Street, Evansville, IN 47708

(Principal office address)

same

(Current mailing address)

8. Consumer Loans

(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 NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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: Kristin Bolden

(Registered agent's signature)

Kristin Bolden
Assistant Secretary

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.

FILED
JUN 12 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 JUN 12 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Donald R. Breivogel Jr.

Address: 601 NW Second Street

Evansville, IN 47708

Director: Michael L. McClellan

Address: 601 NW Second Street

Evansville, IN 47708

B. OFFICERS SEE ATTACHMENT

President: Michael L. McClellan

Address: 601 NW Second Street

Evansville, IN 47708

Vice President: _____

Address: _____

Secretary: Jack R. Erkilli

Address: 601 NW Second Street, Evansville, IN 47708

Treasurer: Bryan A. Binyon

Address: 601 NW Second Street, Evansville, IN 47708

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

13. William J. Reynolds

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. William J. Reynolds, Asst. Secretary

(Typed or printed name and capacity of person signing application)

FILED
12 JUN 12 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Donald R. Breivogel Jr.
 Officer/Director: Officer
 Officer's Title: CFO and Sr. Vice President
 Director's Title:
 Business Address: 601 NW Second Street
 City: Evansville
 State: IN
 ZIP Code: 47708
- 2 Full Name: Bradford D. Borchers
 Officer/Director: Officer
 Officer's Title: Executive Vice President
 Director's Title:
 Business Address: 601 NW Second Street
 City: Evansville
 State: IN
 ZIP Code: 47708
- 3 Full Name: Vincent Ciuffetelli
 Officer/Director: Officer
 Officer's Title: Senior Vice President
 Director's Title:
 Business Address: 601 NW Second Street
 City: Evansville
 State: IN
 ZIP Code: 47708
- 4 Full Name: Robert A. Cole
 Officer/Director: Officer
 Officer's Title: Sr. Vice President, Marketing & Insurance
 Operations
 Director's Title:
 Business Address: 601 NW Second Street
 City: Evansville
 State: IN
 ZIP Code: 47708

FILED
12 JUN 12 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code:

Gary L. Taylor
Director

Other Director
601 NW Second Street
Evansville
IN
47708

6 William J. Reynolds
Assistant Secretary
601 NW Second Street
Evansville, IN 47708

Delaware

The First State

FILED

12 JUN 12 AM 11:24

PAGE 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPRINGLEAF CONSUMER LOAN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5164040 8300

120729088

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9636332

DATE: 06-12-12