

F12000002450

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## 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 Mortgage Management Corporation**

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

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

RECEIVED  
12 JUN 12 PM 4:09  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

H/4

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Springleaf Mortgage Management 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," 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

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 Mortgage Management Corporation:**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "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. 45-5416147**

(FBI 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. Payroll processing**

(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, 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:**

(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.**

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Bradford D. Borchers

Address: 601 NW Second Street

Evansville, IN 47708

Director: Donald R. Breivogel Jr.

Address: 601 NW Second Street

Evansville, IN 47708

**B. OFFICERS SEE ATTACHMENT**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Jack R. Erkillu

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1    **Full Name:** Donald R. Breivogel Jr.  
     **Officer/Director:** Officer  
     **Officer's Title:** President and CFO  
     **Director's Title:**  
     **Business Address:** 601 NW Second Street  
     **City:** Evansville  
     **State:** IN  
     **ZIP Code:** 47708
- 2    **Full Name:** John C. Anderson  
     **Officer/Director:** Officer  
     **Officer's Title:** Exec. VP, Capital Markets  
     **Director's Title:**  
     **Business Address:** 601 NW Second Street  
     **City:** Evansville  
     **State:** IN  
     **ZIP Code:** 47708
- 3    **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
- 4    **Full Name:** Mohsin Y. Meghji  
     **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
- 5    **Full Name:** Vincent Ciuffetelli

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TALLAHASSEE, FLORIDA

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
6 Full Name:	Robert A. Cole
Officer/Director:	Officer
Officer's Title:	Sr. VP, Mktg & Insurance Oper.
Director's Title:	
Business Address:	601 NW Second Street
City:	Evansville
State:	IN
ZIP Code:	47708
7 Full Name:	Robert A. Cole
Officer/Director:	Director
Officer's Title:	
Director's Title:	Other Director
Business Address:	601 NW Second Street
City:	Evansville
State:	IN
ZIP Code:	47708
8 William J. Reynolds	
Assistant Secretary	
601 NW Second Street	
Evansville, IN 47708	

# Delaware

*The First State*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPRINGLEAF MORTGAGE MANAGEMENT CORPORATION" 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.

5164047 8300

120729075

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9636327

DATE: 06-12-12