

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

zebra finance, llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY NAME

**ADDRESS**

**REGISTERED OFFICE & REGISTERED AGENT**

**MANAGER-MANAGED COMPANY**

8/12/04

ie Bolch Schrier, Esquire

DIVISION OF CONSUMER AFFAIRS

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TOTAL P.03

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

IN COMPLIANCE WITH SECTION 608.407, FLORIDA STATUTES,  
FOLLOWING IS SUBMITTED:

FIRST- ZEBRA FINANCE, L.L.C., DESIRING TO ORGANIZE (name of  
Limited Liability Company)

OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS

PRINCIPAL PLACE OF BUSINESS AS CITY OF BOCA RATON  
(city)

STATE OF FLORIDA, HAS NAMED LAURIE BOLCH SCHRIER, ESQUIRE,  
(state) (name of registered agent)

LOCATED AT 562 EAST WOOLBRIGHT ROAD, #217  
(street address) (post office boxes are not acceptable)

CITY OF BOYNTON BEACH, STATE OF FLORIDA, AS ITS AGENT TO  
ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
STATE THAT I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF THIS POSITION  
AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE  
OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN  
CHAPTER 608 OF THE FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_  
(REGISTERED AGENT)

DATE: 8/12/04

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DIVISION OF CORPORATIONS