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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 23 AM 11:52

N. Cuttigan MAY 24 2011



May 19, 2011

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

Dear Division of Corporations:

Enclosed please find for filing an original and copy of the Articles of Organization for Florida Limited Liability Company for Client Direct Finance LLC, along with our check in the amount of \$160.00 which includes the \$125.00 filing fee, \$30.00 for certified copy and \$5.00 for certificate of status.

Please forward certified copy and certificate of status to: Carol Manson, c/o AIS, 955 Executive Parkway, Suite 106, St. Louis, MO 63141.

Thank you for your assistance in this filing, and please advise if you need anything further.

Sincerely,

A handwritten signature in black ink that reads "Carol Manson". The signature is written in a cursive style.

Carol A. Manson  
Paralegal

Encl/

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Client Direct Finance LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Carol Manson, Paralegal**  
Name of Person

**Automated Installment Systems**  
Firm/Company

**955 Executive Parkway, Suite 106**  
Address

**St. Louis, MO 63141**  
City/State and Zip Code

**cmanson@automatedinstallment.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Carol Manson** at ( **314** ) **576-0007**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Client Direct Finance LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

955 Executive Parkway, Suite 106  
St. Louis, MO 63141

P O Box 66501  
St. Louis, MO 63166-6501

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

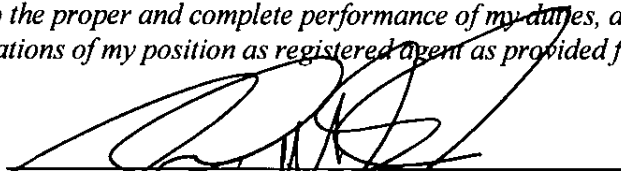
The name and the Florida street address of the registered agent are:

John M. Goda  
Name

6371 Business Blvd.  
Florida street address (P.O. Box **NOT** acceptable)  
Sarasota, FL 34240  
City, State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

John A. Folino  
125 Hillvue Lane  
Pittsburgh, PA 15237

MGR

John M. Goda  
6371 Business Blvd.  
Sarasota, FL 34240

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

JOHN A. FOLINO

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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