

#L13000032897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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K. SALY  
EXAMINER

MAR 4 - 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2013

LAWRENCE C ZENSEN  
100 ANDALUSIA AVE. #213  
CORAL GABLES, FL 33134

SUBJECT: CONSUMER BANK SOLUTIONS INTERNATIONAL, LLC.  
Ref. Number: W13000009013

We have received your document for CONSUMER BANK SOLUTIONS INTERNATIONAL, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 213A00003595

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Consumer Bank Solutions International, 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:

Lawrence C. Zensen

Name of Person

Consumer Bank Solutions International, LLC.

Firm/Company

100 Andalusia Ave. , #213

Address

Coral Gables, FL 33134

City/State and Zip Code

LarryZensen@msn.com

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

For further information concerning this matter, please call:

Lawrence C. Zensen

Name of Person

at ( 786 ) 510-2027

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



STREET ADDRESS: 101 East Gaines Street, Suite 636 • PHONE (850) 410-9800 • FAX (850) 410-9540  
MAILING ADDRESS: Division of Financial Institutions, 200 East Gaines Street, Tallahassee, FL 32399-0371  
Visit us on the web: [WWW.ITSYOURMONEYFLORIDA.COM](http://WWW.ITSYOURMONEYFLORIDA.COM) • 850-487-9687

**DREW J. BREAKSPEAR**  
COMMISSIONER

February 27, 2013

Mr. Lawrence C. Zensen  
100 Andalusia Avenue, #213  
Coral Gables, FL 33134

Re: Consumer Bank Solutions International, LLC

Dear Mr. Zensen:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Robert D. Hayes  
Interim Director

RDH:bk

cc: Brenda Tadlock, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

FINANCIAL SERVICES COMMISSION

RICK SCOTT  
GOVERNOR

PAM BONDI  
ATTORNEY  
GENERAL

JEFF ATWATER  
CHIEF FINANCIAL  
OFFICER

ADAM PUTNAM  
COMMISSIONER OF  
AGRICULTURE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Consumer Bank Solutions International, 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:

100 Andalusia Ave.  
# 213  
Coral Gables, FL. 33134

### Mailing Address:

Lawrence C. Zensen  
100 Andalusia Ave., #213  
Coral Gables, FL. 33134

## 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:

Lawrence C. Zensen

Name

100 Andalusia Ave., #213

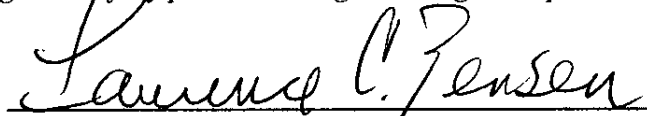
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables, FL. 33134 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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

Lawrence C. Zensen

100 Andalusia Ave., #213

Coral Gables, FL. 33134

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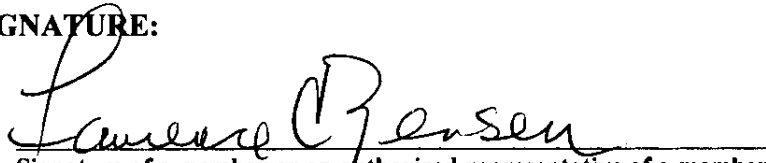
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(Use attachment if necessary)

**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.)

Lawrence C. Zensen

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)**