Requester's Name	1001000	W.
Address Leesburg Fl 34748 City/State/Zip Phone #	****125.00 ****125.00	3
CORPORATION NAME(S) & DOCU	Office Use Only UMENT NUMBER(S), (if known):	
Corporation Name Corporation Name Corporation Name	(Document #)	e de la companya de l
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status	 - ·
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other 5/4	

Examiner's Initials

CR2E031(7/97)

April 17, 2001

VANCE MOORE 301 S. RICHEY RD. LEESBURG, FL 34748-8563

SUBJECT: ATM FINANCIAL SERVICES, LLC

Ref. Number: W01000008617

We have received your document for ATM FINANCIAL SERVICES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1050.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 601A00022615

AFFIDAVIT

BE IT ACKNOWLEDGED, that Vance Moore, Mgr Ptr.

of ATM Financial Services ,LLC

the undersigned

deponent, being of legal age, does hereby depose and say under oath as follows:

ATM Financial Services, Inc of Delware board of Directors changed on Nov 21,2000 to a

Delaware Limited Liabity Company, changing its name from "ATM FINANCIAL SERVICE
INC," TO "ATM FINANCIAL SERVICES, LLC." A COPY FROM THE STATE OF

DELAWARE IS ATTACH.

And I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 24 day of APRIL 2000,

Signature of Deponent

Signature of Deponent

Signature of Deponent

Signature of Deponent

Mance Moore 2

Name of Witness

Name of Deponent

Address of Witness

Address of Deponent

LEESBURG GL 34748

STATE OF
COUNTY OF

On 4.25.81 before me, Yance Moore, personally appeared

, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature To Harl

Affiant X Known Unknown
ID Produced (Seal)



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Duration: Year limited liability company will cease to exist or "perpetual") (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Street address of principal office) imited liability company is a manager-managed company, check here			(Name	of foreign lim	ited liability	company)			-	
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Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
ATM Financial SENVICES, LLC.	
2. The name and the Florida street address of the registered agent and office are:	
VANCE Moone (Name)	· PATT
Florida street address (P.O. Box NOT ACCEPTABLE)	•• • • • • •
L EES Bung FL 34748	T T
Having been named as registered agent and to accept service of process for the above stated line 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 statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, F.S	s of all
(Signature)	ngo nakata s
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

State of Delaware

Office of the Secretary of State

PAGE 2

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND

CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ATM FINANCIAL

SERVICES, LLC." FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF

NOVEMBER, A.D. 2000, AT 9 O'CLOCK A.M.

01 IIAY -4 ET 8 4



Edward J. Freel, Secretary of State

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AUTHENTICATION: 0808609

DATE: 11-22-00