# m03000000871

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
<u> </u>						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
3/17 FOR LC						

Office Use Only



000011999260

03/17/03--01074--014 \*\*125.00

HLM

315 P. 17 P. 14: 35

### 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:

(Name of foreign lin	nited liability company)		
North Carolina -3.	56-1771532	-	,
urisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
12-9-02	Perpetual	e.*	
(Date of Organization)	(Duration: Year limited liability company exist or "perpetual")	will cease	to
Upon Qualification (Currently qualif			<u></u>
(Date first transacted business in Florida. (See s	ections 608.501, 608.502, and 817.155, F.S.)		
2554 Lewisville - Clemmons Rd.	<u> </u>	<u> </u>	
Clemmons, NC 27012	•	. *	
(Street address o	f principal office)		
If limited liability company is a manager-managed c	company, check here X		0
The name and usual business addresses of the mana	ging members or managers are as follo	ws:	3 <b>₩</b>
BB&T Corporation		₹ <u>₹</u> 51	元 一
Attn: W. Kendall Chalk, SVP		(i) Mg	PH
200 West Second Street		S IA	-सः ध्य
Winston-Salem, NC 27101		2,11	- CT
Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photo translation of the certificate under oath of the translator must be s	copy is not acceptable. If the certificate is in a foundational formatted.)		
. Nature of business or purposes to be conducted or	promoted in Florida:		
Sales Finance Company		<u> </u>	<u> </u>
			,
	norized representative of a member.		
	y that the facts stated herein are true.)		

Von Jackson Snow, CEO/President

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 Con	npany is:				
Shef	field Financial LLC					
2. The name an	d the Florida street addres	ss of the registe	ered agent and office	are:		
	CT Corporation	System				
(Name)						
	1200 Pine Island Rd  Florida street address (P.O. Box NOT ACCEPTABLE)					
	Plantation	FL	33324			
(City/State/Zip)						

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.

\$ 100.00

James A. Bordonar 90.00 Assistant Secretary 5.00 Filing Fee for Application
Designation of Registered Agent
Certified Copy (optional)
Certificate of Status (optional)



## State of North Carolina Department of The Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### SHEFFIELD FINANCIAL LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 9th day of December, 2002, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of February, 2003.

Olaine I. Marchall

Secretary of State

Certification Number: 6885421-3 Page: 1 of 1 Ref.# 5076841-yc Verify this certificate online at www.secretary.state.nc.us/Verification.