

M04 0000000 762

(Requestor's Name)

P.O. Box 550  
DICKSON, TENNESSEE 37056-0550  
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

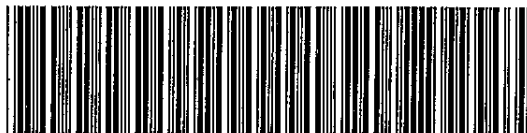
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W04-6789



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02/05/04--01056--022 \*\*130.00

FILED  
04 FEB 25 AM 10:32  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 18, 2004

BART W. HOWARD  
PO BOX 550  
DICKSON, TN 37056-0550

SUBJECT: CREDIT BUREAU OF NORTH AMERICA, LLC  
Ref. Number: W04000006789

FILED  
04 FEB 25 AM 10:32  
TALLAHASSEE, FLORIDA

We have received your document for CREDIT BUREAU OF NORTH AMERICA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 004A00010811

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

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

1. Credit Bureau of North America, LLC dba CBNA  
(Name of foreign limited liability company)
2. Tennessee  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 62-1774048  
(FEI number, if applicable)
4. 12-18-98  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. January 1, 2004  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 201 Skyline Drive  
Dickson, TN 37055  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Bart W. Howard - 201 Skyline Drive - Dickson, TN 37056

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Collection of  
Consumer debts

Bart W. Howard  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bart W. Howard  
Typed or printed name of signee

COPY

## 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:

Credit Bureau of North America, LLC dba CBNA

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

Marie Neil

(Name)

921 Pelican Place Panama City

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

Panama City FL 32407

(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.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

ISSUANCE DATE: 01/29/2004  
REQUEST NUMBER: 04029196  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/18/1998  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0362354  
JURISDICTION: TENNESSEE

**Secretary of State**  
Division of Business Services  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

TO:  
CREDIT BUREAU OF NORTH AMERICA, LLC  
PO BOX 550

DICKSON, TN 37056

REQUESTED BY:  
CREDIT BUREAU OF NORTH AMERICA, LLC  
PO BOX 550

DICKSON, TN 37056

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
-----  
"CREDIT BUREAU OF NORTH AMERICA, LLC."  
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A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF  
FORMATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;  
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.  
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FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/29/04

FROM:  
CREDIT BUREAU OF NORTH AMERICA, INC.  
PO BOX 550

DICKSON, TN 37056-0550

RECEIVED: FEES \$40.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$40.00

RECEIPT NUMBER: 00003413602  
ACCOUNT NUMBER: 00363937



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE