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SICRETARY OF STATE TALLAMASSES FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

: (800)494-3124

Phone

Fax Number

: (305)675-2811

FOREIGN LIMITED LIABILITY COMPANY

SOUTHWEST FLORIDA CHECK CASHING, LLC

Certificate of Status 0	
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

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

SOUTH	WEST FLORIDA CHECK CASHING, LLC
	(Name of foreign limited liability company)
DELAWA	
(Jurisdiction u	nder the law of which foreign limited liability (FEI number, if applicable) company is organized)
06/11/0-	.).
	(Date of Olganization) (Duration: Year limited liability company will cease to exist or "perpetual")
L UPON	QUALIFICATION
·	(Date first transacted business in Florida, (See sections 608.501, 608.502, and 817.155, F.S.)
, 3803 T	AMIAMI TRAIL EAST NAPLES, FL 34112
	(Street address of principal office)
3. If limited 1	ability company is a manager-managed company, check here
). The name :	and usual business addresses of the managing members or managers are as follows:
Managing	Member: MARK FELIX 3103 INDIGOBUSH WAY NAPLES, FL 34105
	,
<u> </u>	
the jurisdiction	n original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record on under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a The certificate under oath of the translator must be submitted.)
1. Nature of	business or purposes to be conducted or promoted in Florida:
check d	eashing business
	\$ignature 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 in affirmation under the penaltics of perjury that the facts stated herein are true.)
	MARKED Mark Febr
	Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE MALLAHASSEE, FLORIDA

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.

SOUTHWE	of the Limited Liability Company is: IST FLORIDA CHECK CASHING, LLC
2. The name	and the Florida street address of the registered agent and office are:
	MARK FELIX
	(Name)
	3803 TAMIAMI TRALL EAST
	Florida street address (P.O. Box NOT ACCEPTABLE)
	QUINCY FL 32351
	(City/State/Zip)
liability comp registered ag statutes relati	named as registered agent and to accept service of process for the above stated limited pany at the place designated in this certificate, I hereby accept the appointment as ent and agree to act in this capacity. I further agree to comply with the provisions of all ing to the proper and complete performance of my duties, and I am familiar with and eligations of my position as registered agent as provided for in Chapter 608, F.S.
	Men & Felix (Signature)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHWEST FLORIDA CHECK CASHING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHWEST FLORIDA CHECK CASHING, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2003.

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Warriet Smith Hindson Harrier Smith Windson, Secretary of Sque

DATE: 10-25-04

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