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(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(
(5)		
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECHETARY OF STATE
FAIL APPESSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Bay Finance Company, LLC				
(Name of Limi	ted Liability Company)			
The enclosed "Application by Foreign Limited Lial Florida," Certificate of Existence, and check are sulliability company to transact business in Florida				
Please return all correspondence concerning this ma	atter to the following:			
John Sturm				
(Nar	me of Person)			
Bay Finance Company, LLC		Þω	08	
	m/Company)	ĘĞ	NS.	
		表質	~	_
One Corporate Drive, Suite 300		XX 25	05 NOV -7 PH 1:	
	(Address)	골유	2	Ċ
			**	
Wausau, WI 54401		四四		
	tte and Zip Code)			
(0.0)				
For further information concerning this matter, plea	ase call:			
Shelley Wells	at (715) 845-1805	_		
(Name of Person)	(Area Code & Daytime Telephone Number	er)		
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:				
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of S	□\$155.00 Filing Fee & □\$160.00 Filing Fee, C Status Certified Copy of Status & O			

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:

1.	Bay Finance Company, LLC
	(Name of Foreign Limited Liability Company)
	Wisconsin (Jurisdiction under the law of which foreign limited liability company is organized) 3. 73-1706774 (FEI number, if applicable)
	6/15/04 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	One Corporate Drive, Suite 300
	Wausau, WI 54401 (Street Address of Principal Office)
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:
9.	The name and usual business addresses of the managing members or managers are as follows:
	Robert Chadwell
	One Corporate Drive, Suite 300
	Wausau, WI 54401
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and a slation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: purchasing consumer
	retail installment contracts
	12 Chadwell
	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.)
	Robert Chadwell

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.

Bay Finance C		any is: of the registered agent and office are:			
	Corporation	(Name)	-		
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)		SECRE TALLAH	05 NOV -7		
<u>Pla</u>	ntation,	FL 33324 City/State/Zip	ASSEE FL	1-7 PH	
liability company at th agent and agree to act relating to the proper o	e place designated in th in this capacity. I furth and complete performan	o accept service of process for the above so his certificate, I hereby accept the appointm her agree to comply with the provisions of hice of my duties, and I am familiar with an has provided for in Chapter 608, Florida S	nent as reg all statutes ed accept th	isterea	1

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

(Signature)

Lauren Froman

Assistant Secretary

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

BAY FINANCE COMPANY, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 21, 2004.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 1, 2005.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

18830-58DBC685