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| (Requestor's Name)                      |  |  |
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| (City/State/Zip/Phone #)                |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
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| (Business Entity Name)                  |  |  |
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| (Document Number)                       |  |  |
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| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Selvice Farince (Name of Lim  | e HoldinGs, LCC ited Liability Company)   |
|  | ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited |
| Please return all correspondence concerning this m   | natter to the following:  |
| MAKK   | Sercett   |
|  | me of Person)  ALLAHA FEB   |
| (Fig   | m/Company) SSEE   |
| 1956 NE 5th  | Address) Ale Sto 8 2 2  |
| BOCA RAJON, PC   |   |
| For further information concerning this matter, ple  |   |
| MANK BLICIS (Name of Person)   |   |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301        |
| Enclosed is a check for the following amount:  \$\Begin{align*} \Begin{align*} \Pi & \text{\$130.00 Filing Fee & Certificate of } \end{align*}  \] | ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate  Status Certified Copy of Status & Certified Copy          |

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Jurisdiction under the law company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: 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: Lolding Co 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.)

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:

| ) ELLICE FINANCE HOLDINGS, LLC   |   |
|--|---|
| 2. The name and the Florida street address of the registered agent and office are:  MANK SELLH   | 2006 FEI  |
| (Name)  1986 NK 5 MM HS  Florida Street Address (P.O. Box NOT ACCEPTABLE)  | B-8 PM 3:   |
| SOCH LATON FL 33431 City/State/Zip   | RIDA  |
| Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Staliability of the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Staliability of the process for the above staliability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. | ent as registered<br>all statutes<br>d accept the |
| (Signature)  |   |

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 5.00

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVICE FINANCE HOLDINGS, 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 FIRST DAY OF FEBRUARY, A.D. 2006.

2006 FEB -8 PM 3: 21



Darriet Smith Windson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4493310

DATE: 02-01-06

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