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COVER LETTER:	CO	VER	LETTER	1
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TO: Registration Section Division of Corporations				
SUBJECT: Unsecured Business Lines LLC (Name of Limited Liability Company)				
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited			
Please return all correspondence concerning this n	natter to the following:			
Jason Byington	ines LLC rm/Company)			
(Na	ime of Person)			
Unsecured Business Lines LLC				
(Fi	rm/Company) 是是 2			
1161 Wayzata Bouleva	ard East #102 (Address)			
Wayzata, MN 55391	oto and 7in Code)			
(City/St	ate and Zip Code)			
For further information concerning this matter, ple	ase call:			
Jason Byington	at ( 612 ) 860 - 3445 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS: STREET ADDRESS:				
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building				
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee & Certificate of }\$	\$155.00 Filing Fee & \$\Bigcup\$\$160.00 Filing Fee, Certificate  Status Certified Conv. of Status & Certified Conv.			

### 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:	ı.C.
1. Unsecured Business Lines LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	lte
2. Minnesota 3. 26-0763683	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 8/21/07  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to mexist or "perpetual")	
Upon Qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	٠ 
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 1161 Wayzata Boulevard East #102	70.
Wayzata, MN 55391	
(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:	
Jason Byington	
1161 Wayzata Boulevard East #102	
Wayzata, MN 55391	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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.)	in
11. Nature of business or purposes to be conducted or promoted in Florida:	
(B2B) Brokering of business loans and lines of credit	
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 I	Liability Company is:	
Unsecured Busines	ss Lines LLC	
If name unavailable, the alter	nate name to be used in the state of Florida is:	OT SEP
2. The name and the Florida	street address of the registered agent and office are	-6 AMII: 02
Agents a	and Corporations, Inc.	STR O
	(Name)	Diff 2
	Avenue South, Suite 101-330 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Naples	FI_ 34102 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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# State of Minnesota

## SECRETARY OF STATE

#### CERTIFICATE OF GOOD STANDING

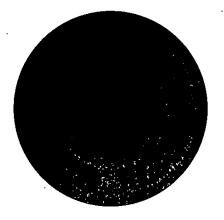
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name in Minnesota: Unsecured Business Lines LLC

State of Organization: Minnesota

Date Formed or Registered: 8/21/2007

This certificate has been issued on: 8/21/2007



Mark Ritchie Secretary of State.