

M09000004671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

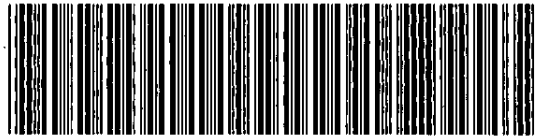
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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB - 8 AM 11:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 700 Credit, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron J. Kenyon, Corporate Counsel

Name of Person

Open Dealer Exchange, LLC

Firm/Company

16901 Michigan Ave

Address

Dearborn, MI 48126

City/State and Zip Code

akenyon@opendealerechange.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron J. Kenyon, Corporate Counsel at (517) 899-1487
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy



AARON J. KENYON, CORPORATE COUNSEL
(o) 313.749.0982
(c) 517.899.1487
AKENYON@OPENDEALEREXCHANGE.COM

16901 MICHIGAN AVE
DEARBORN, MI 48126
(F) 313.749.0990
WWW.OPENDEALEREXCHANGE.COM

TO: State Business Registration Authority
FROM: Aaron J. Kenyon, Corporate Counsel
RE: Registration for Authority to Do Business
DATE: February 2, 2010

Please see enclosed application for authority to do business, associated documents, and applicable fees.

If you have questions on this filing, please feel free to contact me at 517.899.1487.

Thanks, AK

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: 700 Credit, LLC

2. Jurisdiction of its organization: California

3. Date authorized to do business in Florida: _____

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 1/5/2010

5. New name of the limited liability company: ODeCredit, LLC
(must end with "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 written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

Stephen Luyckx

Typed or printed name of signee

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB - 8 AM 11:43

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ODECREDIT, LLC

FILE NUMBER: 200926810123
FORMATION DATE: 09/25/2009
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 14, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State