

M09000004902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

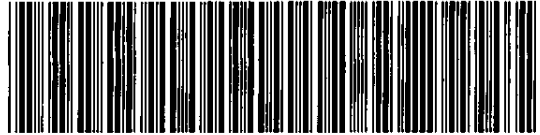
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 DEC 15 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC - 8 2009

EXAMINER

11092 SA 103



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2009

SETH FISHMAN
2565 SOUTH OCEAN BLVD
HIGHLAND BEACH, FL 33487

SUBJECT: TOTAL CREDIT SOLUTIONS L.L.C.
Ref. Number: W09000053663

We have received your document for TOTAL CREDIT SOLUTIONS L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 009A00037629

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Credit Solutions, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Seth Fishman

Name of Person

Firm/Company

2565 South Ocean Blvd

Address

Highland Beach FL 33487

City/State and Zip Code

✓ sethfishman@me.com

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

For further information concerning this matter, please call:

Seth Fishman DVM

Name of Person

at (561)

801-5810

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
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 Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

REGISTERED FOREIGN
RECEIVED
DEC 15 PM 12:34
FILED
TALLAHASSEE
FLORIDA
for "LLC"
such a copy of the written
"Limited Liability

1. Total Credit Solutions L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Delaware 3. 27-0541769
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)

4. 5/26/2009
(Date of Organization)

5. _____
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 12/01/09
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2711 Centerville Road Suite 400
Wilmington DE 19808
(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:

Denise Weitzel

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: _____

Financial Consultants

Signature of a member or an authorized representative of a member.
(In accordance with section 605.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Seth Fishman

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:

Total Credit Solutions, LLC

If unavailable, the alternate to be used in the state of Florida is:

Total Credit Solution LLC

2. The name and the Florida street address of the registered agent and office are:

Denise Weitzel

(Name)

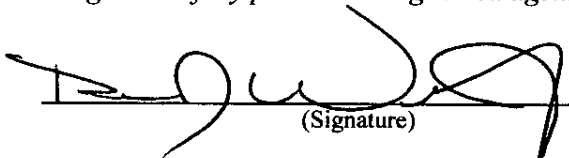
117 SW 98th Lane

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Coral Springs FL 33071

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "TOTAL CREDIT SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2009, AT 12:14 O'CLOCK P.M.

FILED
09 DEC 15 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7324526

DATE: 05-27-09