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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR
DEC 2 8 2010

EXAMINER

10 DEC 28 PH 2: 45



ACCOUNT NO. : I2000000195 REFERENCE : 625525 4320855 AUTHORIZATION : COST LIMIT ORDER DATE: December 28, 2010 ORDER TIME : 11:27 AM ORDER NO. : 625525-015 CUSTOMER NO: 4320855 FOREIGN FILINGS NAME: NATIONAL TAX LENDING, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Doreen Wallace -- EXT# 2928

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.	National Tax Lending, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
СО	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Delaware 3. 27-4286061
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	December 16, 2010 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	upon filing
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7001 Post Rd., Suite 200 Dublin, Ohio 43016 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here
7.	7001 Post Rd., Suite 200
	Dublin, Ohio 43016
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here \(\subseteq \)
9.	The name and usual business addresses of the managing members or managers are as follows:
	Bridgette C. Roman: 7001 Post Rd., Suite 200, Dublin, OH 43016
	Kyle Hanson: 7001 Post Rd., Suite 200, Dublin, OH 43016
	William E. Saunders, Jr.: 7001 Post Rd., Suite 200, Dublin, OH 43016 **see attached Exhibit A for additional Managers
10	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	anslation of the certificate under oath of the translator must be submitted.)
11	1. Nature of business or purposes to be conducted or promoted in Florida: Lending Services
	Checks mart Financial Company
	By NIIN & HIC NEW
	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
	penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	Bridgette C. Roman, Vice Procident

Typed or printed name of signee

EXHIBIT A

NATIONAL TAX LENDING, LLC

Additional Manager:

Chad M. Streff - 7001 Post Rd., Suite 200, Dublin, Ohio 43016

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 National Tax Lend	e Limited Liability C ling, LLC	ompany is:	
		in the state of Florida is:	
2. The name and t	he Florida street add	ress of the registered agent and office are:	
Co	rporation Service Co	ompany (Name)	-
120)1 Hays Street		_
	Florida Street	t Address (P.O. Box NOT ACCEPTABLE)	
Ta	allahassee	FL 32301 City/State/Zip	-
Havina haan namaa	l as registered agent	and to accept service of process for the above s	stated limited

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.

Corporation Service Company

By: Doreen Wallace
(Signature) Doreen Wallace

Assistant Vice President

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NATIONAL TAX LENDING, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL TAX LENDING, LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4914092 8300

DATE: 12-16-10

AUTHENTYCATION: 8433836

Jeffrey W. Bullock, Secretary of State

101198115
You may verify this certificate online at corp. delaware.gov/authver.shtml