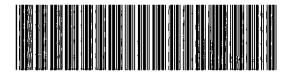
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

W11-38545

J. BRYAN

AUG - 2 2011

EXAMINER

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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Complete Financial Service 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:
Sherri Muldrow
Name of Person
Complete Financial Service LLC,
Firm/Company
P.O. Box 2667
Address
Hartsville, SC 29550 City/State and Zip Code info@completefinancialservice.com
City/State and Zip Code
info@completefinancialservice.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherri Muldrow at (843) 479-3005
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\sumsymbol{1}\$\$\$125.00 Filing Fee \text{Fee} \text{Certificate of Status}\$Certificate of Status \text{Certified Copy}\$



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2011

COMPLETE FINANCIAL SERVICE LLC COMPLETE FINANCIAL SERVICE LLC PO BOX 2667 HARTSVILLE, SC 29550



We have received your document for COMPLETE FINANCIAL SERVICE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The document number of the name conflict is #L11000043537, COMPLETE FINANCIAL SERVICES, LLC.

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) 245-6043.

Joey Bryan

Regulatory Specialist II

Letter Number: 911A00017407



WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Complete Financial Service LLC, (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of South Carolina (State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida: OFS FINANCIA SLEVILE LLC. (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) Date: 728 // Signature(s) of Manager(s) and/or Managing Member(s): Alexa Alexa Property States and S

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Complete Financial Service LLC,
(Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "LLC.") (FS Tingen Cial, Sexue 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")
2. South Carolina (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. 2/3/2011 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 7/06/2011 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 109 S Mar/boro St. Bennetts ville, Se 295/2. (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:
1100 NW 45 Terrace Landerhill FL 33313
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: To provide educational
material in teaching how to get out of debt
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 purpose 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.) Typed or printed name of signee
ryped or primed name or 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	of the Limited Liability Company is:		
Complete	e Financial Service LLC,	-	
If unavailable,	e, the alternate to be used in the state of Florida is: Financial Service LLC		
2. The name a	and the Florida street address of the registered agent and office are	··	
	Andre Cross	11 AUG	n
	(Name)	G-1 HASSE	
	1100 NW 45 Terrace	四只 至	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLOO SAP	
	Lauderhill FL 33313		
	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.

Onde Ceup (Signature)

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

The State of South Carolina,



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

COMPLETE FINANCIAL SERVICE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 3rd, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of July, 2011.

Mark Hammond Secretary of State