

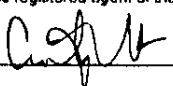
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 MAR 31 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M11000006172			
1. Limited Liability Company's Name ACCESS PERSONAL FINANCE LLC			
2. Principal Office Address - No P.O. Box # 175 SW 7TH STREET		3. Mailing Office Address 175 SW 7TH STREET	
Suite, Apt. #, etc. SUITE 1900		Suite, Apt. #, etc. SUITE 1900	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33130	Country US	Zip 33130	Country US
4. State/Country of Formation DELAWARE		5. Date Organized or Qualified To Do Business in Florida 12/09/2011	
6. FEI Number 271494397		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Courtney Williams Asst. Vice President- Date 03.31.15	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
mgrm	ALBERTO TARAJANO	924 Advana Ave	Coral Gables, FL 33146
REINSTATEMENT			S. HAWKES
2014-2015			MAR 31 A.M.
			EXAMINER
11. E-mail Address: albertotarajano@gmail.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager 		Date 3/18/15	Daytime Phone # 225-802-2483
Typed or printed name of signing Authorized Representative/Manager ALBERTO TARAJANO			

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 571229 7859499

AUTHORIZATION :

COST LIMIT : \$ 877.50

ORDER DATE : March 31, 2015

ORDER TIME : 2:47 PM

ORDER NO. : 571229-005

CUSTOMER NO: 7859499

RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 MAR 31 PM 4:21

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REINSTATEMENT

NAME: ACCESS PERSONAL FINANCE LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____