M1200002547

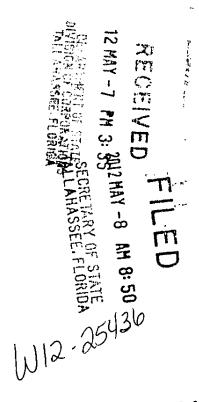
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Please cour when			
Please com when Ready. 850-681-6710			
1			

Office Use Only



100234505791

05/08/12--01001--006 **130.00



J. BRYAN

MAY -9 2012

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJEC	•	A, LLC me of Limited Liability Company	
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.	
Please re	eturn all correspondence concerning this ma	-	
	Stephen K. McDaniel	د	
		Name of Person	
	Blank & Meenan, P.A.	Name of Person Firm/Company Address	
Firm/Company			
	204 S. Monroe Street		
	2010.111011100 011001	Address	
	T !! !	The second secon	
Tallahassee, Florida 32301 City/State and Zip Code			
		City/State and Zip Code	
dsansone@nexgenadmin.com E-mail address: (to be used for future annual report notification)			
	·		
For furth	er information concerning this matter, plea	se call:	
	Stephen McDaniel	at (850) 681-6710	
	Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
	Taltahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	ed is a check for the following amou \$125.00 Filing Fee \$\forall \$130.00 Filing Fe Certificate of Star	ee & \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2012

STEPHEN K. MCDANIEL BLANK & MEENAN, P.A. 204 S. MONROE STREET TALLAHASSEE, FL 32301

SUBJECT: WARRANTYEXCHANGEUSA, LLC

Ref. Number: W12000025436

WESON RECEIVED

AND RESERVED RECEIVED

AND R

We have received your document for WARRANTYEXCHANGEUSA, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 812A00013700

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: WarrantyExchangeUSA, LLC (Name of Foreign Limited Liability 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. New Jersey Clurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized). January 18, 2012 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 1030 Broad Street, Suite 101 Shrewsbury, NJ 07702 (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 Paul Sansone, Sr., Managing Member 1030 Broad Street, Suite 101 Shrewsbury, NJ 07702 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 coth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Sales and marketing of motor vehicle service agreements and any other activity lawfully permitted by an LLC operating in Florida

Signature of a member or all 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 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.)

Dominic Sansone, President

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:	
WarrantyExchangeUSA, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	THE STATE OF THE PARTY OF THE P
Stephen K. McDaniel	福星 口
(Name)	- 45 8 8 5
204 S Monroe Street	700
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301	
Oly/oute/Dip	

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

WARRANTYEXCHANGEUSA, LLC

0600382798

TALLED BY SEE, CONTINUE OF THE SEE OF THE SE

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 30, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Paul J. Sansone, Sr. 90-100 Route 1 Avenel, NJ 07001

THE CREAT SET THE CREAT SET THE STATE OF THE SET THE S

Certification# 124817546

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of May, 2012

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp