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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	DANMAR CREDIT GROUP, L.L.C.				
	Name of Limited Liability Company				
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cerence, and check are submitted to register the above referenced foreign limited liability company to transact business				
Please	e return all correspondence concerning this matter to the following:				
	SUZANNE O MIDDLETON				
	Name of Person				
	DANMAR CREDIT GROUP, L.L.C.				
	Firm/Company				
	3619 18th STREET				
	Address				
	METAIRIE, LA 70002				
	City/State and Zip Code				
	somidd@aol.com				
	E-mail address: (to be used for future annual report notification)				
For fur	orther information concerning this matter, please call:				
	SUZANNE O MIDDLETON at (504) 885-5774 ext 105				
	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				
	osed is a check for the following amount: \$\sumsymbol{2}\$125.00 Filing Fee} \sumsymbol{2}\$130.00 Filing Fee & Certificate of Status \$\sumsymbol{2}\$155.00 Filing Fee & Certified Copy} \sumsymbol{2}\$160.00 Filing Fee, Certificate of Status & Certified Copy}				

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:

DANMAR CREDIT GROUP, L.L.C.	
(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 consent of the managers or managing members adopting the alternation company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. LOUISIANA (Jurisdiction under the law of which foreign limited liability company is organized) 3.	72-1450989 (FEI number, if applicable)
4. AUGUST 3, 1999 5. (Date of Organization)	DECEMBER 31, 2049 (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION (Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)
7. 3619 18th STREET	FIL
METAIRIE, LA 70002 (Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here
9. The name and usual business addresses of the manag	•
THOMAS D'ANGELO, 3619 18th ST,	METAIRIE LA 70002
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under eath of the translator must be submit	s not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida:
INVESTMENTS	·
Minuta	
Signature of a member or an auth (In accordance with section 608.408(3), F.S., the executi	orized representative of a member.
(in accordance with section 608.408(3), r.S., the executi	on of this document constitutes an affirmation under the

Typed or printed name of signee

SUZANNE O. MIDDLETON, C.F.O.

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.)

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.

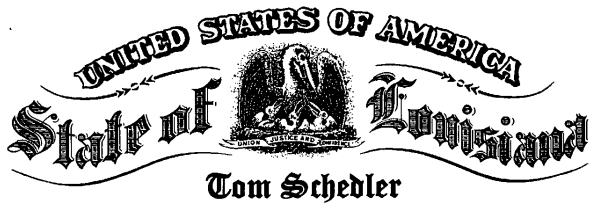
1. The name of the Limited Liability Company is:	
DANMAR CREDIT GROUP, L.L.C.	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
CT CORPORATION SYSTEM	≥ 8 7
(Name)	
1200 SOUTH PINE ISLAND ROAD	ASSE 17 I
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
PLANTATION FL 33324	OBSO OBSO OSSO OSSO OSSO OSSO OSSO OSSO
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.

Sundant Lisa DuBois

(Signature) Asst. Secretary

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



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

DANMAR CREDIT GROUP, L.L.C.

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on August 03, 1999,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 13, 2012

Certificate ID: 10290469#K7Q83

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Secretary of State

Web 34822158K