

11/2000005974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

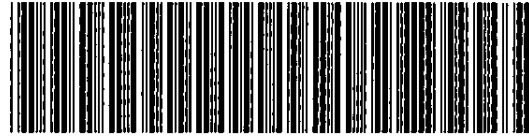
Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

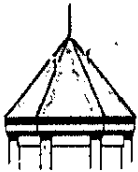
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FILED
2012 OCT 22 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SUPERIOR PAYMENT PLAN, LLC

October 16, 2012

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: Application/Registration
Superior Payment Plan, LLC

FILED
2012 OCT 22 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sirs:

Enclosed please find the signed application for authorization to transact business in the State of Florida for Superior Payment Plan, LLC (Superior). Along with the application is a signed designation of registered agent, Certificate of Good Standing from the home state of NY and check #109616 in the amount of \$160 for all applicable fees.

Superior plans on making application with the Office of Insurance Regulation for licensing as an insurance premium finance company. This registration with your office is the first step in that process.

We appreciate your consideration and should any additional information be required, please contact me at 716-206-8288 or via email at kubekl@lovullo.com.

Cordially,

Lisa A. Kubek
Sr. Compliance Analyst

/lak
Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Payment Plan, 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:

Lisa Kubek

Name of Person

Superior Payment Plan, LLC

Firm/Company

6450 Transit Rd.

Address

Depew, NY 14043

City/State and Zip Code

kubekl@lovullo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Kubek

Name of Person

at 716

206-8288 x253

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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2012 OCT 22 PM 2:53
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Superior Payment Plan, 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 York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 10-0006944

(FEI number, if applicable)

4. 10/11/2001

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. NA

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7.

6450 Transit Rd. Depew, NY 14043

(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:

See attached Exhibit 1

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: Insurance

Premium Finance Company


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 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.)

Paul W. LoVullo

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
2012 OCT 22 PM 2:58

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Superior Payment Plan, LLC
MEMBERS / MANAGERS
As of April 1, 2012

Name	Title	Business Address
Leonard T. LoVullo	Member / Manager	6450 Transit Rd. Depew, NY 14043
Paul W. LoVullo	Member / Manager	6450 Transit Rd. Depew, NY 14043
David W. Pietrowski	Member / Manager	6450 Transit Rd. Depew, NY 14043
Kevin J. LoVullo	Member	1731 N. Forest Rd. Williamsville, NY 14221
Elizabeth A. Bouskill	Member	N/A
Colleen P. Burns	Member	N/A

RECEIVED
CLERK OF SUPERIOR COURT
JULY 10 2012

69 JUL 22 1007102

FILED

**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:

If unavailable, the alternate to be used in the state of Florida is:

Superior Payment Plan, LLC

2. The name and the Florida street address of the registered agent and office are:

John D. Hatch

(Name)

1267 Berkshire Lane

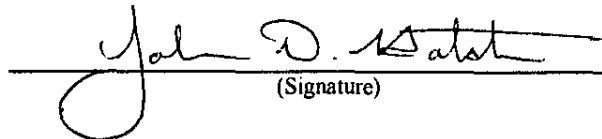
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tarpon Springs

FL 34688

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.


(Signature)

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

FILED
2012 OCT 22 PM 2:58
TAMPA COUNTY
CLERK OF CIRCUIT COURT

State of New York
Department of State } ss:

I hereby certify, that SUPERIOR PAYMENT PLAN, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/11/2001, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 25th day of September two
thousand and twelve.*

A handwritten signature in black ink, appearing to read "Neil A. ...", written over a horizontal line.

First Deputy Secretary of State