# Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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Foreign Limited Liability Company CITIFINANCIAL SERVICING LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 06       |
| Estimated Charge      | \$125.00 |

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Corporate Filing Menu

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J. SAULSBERRY **EXAMINER** 

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https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION

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#### **COVER LETTER**

| SUBJECT: CitiFinancial Servicing LLC   | · · · · · · · · · · · · · · · · · · ·  |               |
|--|--|---------------|
|  | Name of Limited Liability Company  | •             |
|  | Liability Company for Authorization to Transact Business in<br>the above referenced foreign limited liability company to trans |               |
| Please return all correspondence concerning the  | nis matter to the following:   |               |
|  | Name of Person   |               |
|  |  |               |
|  | Firm/Company   |               |
| <u></u>  | Address  | <b>2013</b>   |
|  |  | 2013 FEB      |
|  | City/State and Zip Code  | <b>5</b>      |
| E-mail addre   | tarri.baer@citi.com  ss; (to be used for future annual report notification)  |               |
| For further information concerning this matter,  |  | 84 20<br>ORIE |
|  |  |               |
| Name of Person   | Area Code & Daytime Telephone Number   | · .           |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahasses, FL 32314 | STREET ADDRESS; Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle                    |               |
| Enclosed is a check for the following ar   | Tallahassee, FL 32301  nount: g Fee &\$155,00 Filing Fee &\$160,00 Filing Fee,   |               |

PLOST - 10/01/2010 C T Fluing Minister Ordina

## 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 RECISIER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. ! | CitiPinancial Servicing LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   | _            |
|------|---|--------------|
| on   | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of<br>sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Li<br>mpany," "L.L.C." "LLC.")   | the writte   |
| 2. I | Delaware 3, 56-1241990  |              |
|      | Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)  | <del>.</del> |
| ļ, . | 08/08/2012 5. Perpotual   |              |
| ,    | (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")   | to           |
|      | Upon Qualification  |              |
|      | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)   |              |
|      | 300 Saint Paul Place, Bultimore, MD 21202   | <u> </u>     |
| •    | Type:   |              |
| -    | (Street Address of Principal Office) : : : : : : : : : : : : : : : : : : :  | rt.*         |
|      | Taken remains a trimpa and  | ل ا          |
| 1    | If limited liability company is a manager-managed company, check here   |              |
|      | The name and usual business addresses of the managing members or managers are as follows:   | , a          |
|      | SEE ATTACHMENT  | n<br>N       |
| •    | 722/112 1 1 C - 1 1 1 C - 1 1 1 C - 1 1 1 C - 1 1 1 C - |              |
|      |   |              |
|      |   |              |
|      | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of  |              |
| į    | risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language,   | a<br>A       |
| ıs   | lation of the certificate under oath of the translator must be submitted)   | -            |
|      | Nature of business or purposes to be conducted or promoted in Florida:  | _            |
| c    | Consumer Finance  |              |
|      | RING  | '            |
|      | 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 follows as provided for in 8.817.155, F.S.)   |              |
|      | Linda S. Davis  |              |
|      | Typed or printed name of signee   |              |

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## 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.

| CitiFinancial Servicing 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:                | <u>*</u> *********************************** |          |  |
| CT Corporation System (Name)  |  | 2013 FEB |  |
| 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)                      | A TRANSPA                                    | -5       |  |
| Plantation PL 33324 City/State/Zip  |  | AH 8: 20 |  |

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.

C T Corporation System

By:

(Signature)

Kristin Bolden
Assistant Secretary

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

PLAST - 19/93/2019 CT Filing Manager Online

#### CITIFINANCIAL SERVICING, LLC (a Delaware liability company)

CitiFinancial Servicing Corporation is wholly owned and receives all of its funding directly from the parent corporation (CitiFinancial Credit Company) CitiFinancial Credit Company owns 100% of stock

FEIN #46-0753155

Business Address:

300 St. Paul Place

Baltimore, Maryland 21202

(410) 332-3000

Member:

CitiFinancial Credit Company

Managera:

James W. Schneider Linda S. Davis Gregory Lechner

Officers:

James W. Schneider, President

Gregory Lechner, Vice President & Treasurer Linda S. Davis, Sr. Vice President & Secretary

Teresa M. Baer, Assistant Secretary

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## Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "CITIFINANCIAL SERVICING LLC" IS GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FERRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DATE: 02-01-13

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