

## M1400606487

(Requestor's Name)				
(Address)				
(,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
<u> </u>				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500253532985

01/22/14--01026--023 \*\*125.00

SECRETARY OF STATE

MIL JAN 22 PM I=1

JAN 2 7 2013 T. **HAMPTON** 

#### **COVER LETTER**

	tration Section on of Corporations				
SUBJECT:	Jnipac VI, LLC				
SUBJECT:	Name of Limited Liability Company				
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate check are submitted to register the above referenced foreign limited liability company to transact business in Flor				
Please return all	Il correspondence concerning this matter to the following:				
	Elizabeth Andres				
	Name of Person				
	Unipac VI, LLC				
Firm/Company					
10625 Techwoods Circle					
	Address				
	Cincinnati, OH 45242				
	City/State and Zip Code				
	legallicensing@unifund.com				
	E-mail address: (to be used for future annual report notification)				
For further infor	ormation concerning this matter, please call:				
Eliz	zabeth Andres <sub>at (</sub> 513 ) 489-8877				
	Name of Contact Person Area Code Daytime Telephone Number				
Divisio Registr P.O. Bo	STREET ADDRESS: on of Corporations dration Section Box 6327 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	a check for the following amount:  25.00 Filing Fee				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Unipac VI, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  N/A
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Ohio 3. 26-0184733
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. upon registration
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 10625 Techwoods Circle, Cincinnati, OH 45242
(Street Address of Principal Office)
6. 10625 Techwoods Circle, Cincinnati, OH 45242
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Credit Card Receivables Fund Incorporated
10625 Techwoods Circle, Cincinnati, OH 45242
Managing Member
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officient 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 translation must be submitted)
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein as 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.)

Typed or printed name of signee

Jason Kaster, Vice President

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:			
Unipac '	VI, LLC				
If unavailable	, the alternate to be used	in the state of Florida is:			
2. The name	and the Florida street add	dress of the registered agent and office are:			
	Corporation Service Company				
		(Name)			
	1201 Hays S	Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee,	32301			
		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 605, Florida Statutes.

Vickie Sloan for Corporation Service Company

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

\$ 5.00 Certificate of Status (optional)

BILL JAN 22 PH I O

# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UNIPAC VI, LLC, an Ohio Limited Liability Company, Registration Number 1701089, was organized within the State of Ohio on May 17, 2007, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2014.

**Ohio Secretary of State** 

n Hoested

Validation Number: 201402100578