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14 FEB 26 AM 9: 48 SECRETARY OF STATE

APPROVED

C. LEWIS
FEB 2 7 2014
EXAMINER

#### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/26/14

NAME:

ADVANTAFIRST CAPITAL FINANCIAL SERVICES, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

**RETURN:** 

**CERTIFIED COPY PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

second \*

#### **COVER LETTER**

CO: Registration Section Division of Corporations	
SUBJECT: Advantafirst Capital Financial Services, LLC  Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	of la.
Please return all correspondence concerning this matter to the following:	
Name of Person	
Capitol Services – Corporate Filings Team	
Firm/Company	
800 Brazos Ste 400 Address	
Austin TX 78701	
City/State and Zip Code filingmanager@capitolservices.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at ( 800 ) 345-4647  Area Code Daytime Telephone Number	
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Circle Tallahassee, FL 32301  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\int_\$\$125.00 Filing Fee \$\int_\$\$130.00 Filing Fee & \$\int_\$\$\$ S155.00 Filing Fee & \$\int_\$\$\$ \$160.00 Filing Fee, Certificate Copy  \$\int_\$\$ Certificate of Status & Certified Copy  \$\int_\$\$ Of Status & Certified Copy	



14 FEB 26 AM 9: 48

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO 0F STATE TRANSACT BUSINESS IN FLORIDA TALLAHASSEE, FLORIBA

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. Advantafirst Capita (Name of Foreign Lin	al Financial hited Liability C	Services, LLC ompany; must include "Limited Liability C	ompany," "L.L.C.," or "LLC.")
(If name unavailable, enter al consent of the managers or m Company," "L.L.C," "LLC."	ianaging membe	opted for the purpose of transacting business adopting the alternate name. The alternat	ss in Florida and attach a copy of the writte e name must include "Limited Liability
2. Delaware (Jurisdiction under the law	afaulah fauala	3. (FFF)	imber, if applicable)
company is organized)	of which forcig	n minica habitay (1231 to	штег, и аррисате)
4. Upon filing	(D) (E)		4
(2)	(Date first transa sec sections 605.	icted business in Florida, if prior to registra 0904 & 605.0905, F.S. to determine penalt	uon.) y liability)
5. 7301 South Freev	vay		
Fort Worth, TX 76	6134	(Street Address of Principal Office)	
. 4004 0 5 1 0		(Street Address of Principal Office)	
6. 4801 Cox Road, S	uite 101		
Glen Allen, VA 23	060	(Mailing Address)	
		· -	
7. The name, title or ca	pacity and ad	dress of the person(s) who has/have	authority to manage is/are:
Richard M. Lee, Jr.	Manager	4801 Cox Road, Suite 101	Glen Allen, VA 23060
Stephen J. Mollick	Manager	255 Business Center Drive	Horsham, PA 19044
Shelly W. Seligman	Manager	255 Business Center Drive	Horsham, PA 19044
	w of which it is o	ce, no more than 90 days old, duly authentice organized. (A photocopy is not acceptable. I anslator must be submitted.)	
	00	LOS TEXAL	
_		Signature of an authorized person	
(In accordance penalties of p	with section 605 berjury that the fac	.0203, F.S., the execution of this document consts stated herein are true. I am aware that any i	stitutes an affirmation under the Talse information submitted in a

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Claudia V. Coscia, Authorized Person

Typed or printed name of signee

APPROVED AND FILED

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

14 FEB 26 AM 9: 48

SECRETARY OF STATE TALLAHASSEF, FLORIDA

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:
Advantafirst Capital Financial Services, 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:
Capitol Corporate Services, Inc.
(Name)
155 Office Plaza Dr Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FI, 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.
Gayle Windle, Asst. Sec. on behalf of Capitol Corporate Services, Inc.
\$ 100,00 Filing Fee for Application \$ 25,00 Designation of Registered Agent \$ 30,00 Certified Copy (optional) \$ 5,00 Certificate of Status (optional)

# Delaware

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADVANTAFIRST CAPITAL FINANCIAL

SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO

FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH

DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANTAFIRST CAPITAL FINANCIAL SERVICES, LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4450622 8300

140225555

AUTHENTACATION: 1156108

DATE: 02-24-14

You may verify this certificate online at corp.delaware.gov/authver.shtml