# M14000001838

(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:

Office Use Only



500256908975

02/24/14--01031--014 \*\*125.00

PILEU 2014 MAR 20 AM 10: 28 SECRETARY OF STATE

## COVER LETTER

	egistration Section vision of Corporations	
SUBJECT:	Deluxe Financial Services	, LLC
		Name of Limited Liability Company
		nited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida
Please retur	n all correspondence concerning	g this matter to the following:
	Shelby Broker	
		Name of Person
	Deluxe Corporation	
		Firm/Company
	3680 Victoria Street No	orth
		Address
	Shoreview, MN 55126	
	-	City/State and Zip Code
	shelby.broker@deluxe.	
	E-mail a	address: (to be used for future annual report notification)
For further	information concerning this ma	tter, please call:
Sh	nelby Broker	at (651) 490-8103
	Name of Persor	Area Code Daytime Telephone Number
Di Re P.0	vision of Corporations egistration Section D. Box 6327 ellahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
		ng amount:  0.00 Filing Fee & \$\square\$\$\$ \$155.00 Filing Fee & \$\square\$\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy



February 25, 2014

SHELBY BROKER 3680 VICTORIA STREET NORTH SHOREVIEW, MN 55126

SUBJECT: DELUXE FINANCIAL SERVICES, LLC

Ref. Number: W14000012208

We have received your document for DELUXE FINANCIAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The registered agent must sign accepting the designation.

I am enclosing a new form. Cannot accept a two sided document for imaging purposes. I have retained your Certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 114A00004141

# 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 FOREIGI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Deluxe Financial Services, 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.
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
3480 VICTORIAST, N. Shoreview, BN 35126
6
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Shelby Broker Mgr
Shoreview, MN 55126
8. 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.)
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 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.)  Tevry D. Peterson  Typed or printed name of signee

411/200

### 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.

he Limited Liability Co Services, LLC e alternate to be used in I the Florida street addr	the state of Flori	idajs:			
		ida iş:			_ <b></b>
the Florida street addr		· ·	<del></del>		
	ess of the register	रुते भट्टलार माती ०	ffice are:	···	
Corporation Service Com	i <b>pa</b> ny				THE SECTION
	(Namo)			-	至為
1201 Pays Street			÷		SSET
Florida Stree	Address (P.O. Box	NOT ACCHPTABL	B).	<del>-</del> -4 % j e	
Taliahassee		32301		· . · · ·	NOW THE
	City/State/	Złp	,	<b>~</b>	
y at the place designates and agree to act in this to the proper and comp ations of my pasition as	d in this certificate capacity. I furthe late performance registered agent t	e, I hereby acce or agree to com of my duties, a	pt the appoin ply with the p ad I am famili	itment as Provisions o iar with and	fáll Í
Зуп	Vinen	AND MER S. M.	TCHEU		
	1201 Aays Street  Florida Street  Uallahassee  ned as registered agent y at the place designates and agree to act in this to the proper and computions of my pasition as Corporetion Service Company	Florida Street Address (P.O. Box  Unlinhassee  FL  City/State/  med as registered agent and to accept serve at the place designated in this certificate and agree to act in this capacity. I further to the proper and complete performance attons of my position as registered agent to corporetion Service Company	(Name)  1201 Plays Street  Floride Street Address (P.O. Box NOT ACCHPIABLE)  Tallahassee  City/State/Zip  ned as registered agent and to accept service of process of at the place designated in this certificate, I hereby accept and agree to act in this capacity. I further agree to complete performance of my duties, and the proper and complete performance of my duties, and other proper and complete performance of my duties, and other propers. Service Company  Corporetion Service Company	(Name)  1201 Plays Street  Florida Street Address (P.O. Box NOT Accientable)  City/State/Zip  ned as registered agent and to accept service of process for the above y at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the p to the proper and complete performance of my duties, and I am familiations of my position as registered agent as provided for in Chapter 60 corporetion Service Company	(Name)  1201 Plays Street  Florida Street Address (P.O. Box NOT Acciptable)  Tallahassee  S2301  City/State/Zip  ned as registered agent and to accept service of process for the above stated limit of the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of to the proper and complete performance of my duties, and I am familiar with and attons of my position as registered agent as provided for in Chapter 605, Florida corporetion Service Company

Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 25.00

\$ 30.00

5.00

#### Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Deluxe Financial Services, LLC

Date Filed:

12/27/2013

File Number:

722597100026

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

02/14/2014



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota