## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000167679 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number

: (702)866-2500 : (702)866-2689

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

Email Address: (1001)Ments

### Foreign Limited Liability Company Treasury Services Group, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

#### **COVER LETTER**

SUBJECT:	Treasury Service	s Group, LLC			
SUBJECT		Name of Limit	ed Liability Company		<del></del>
The enclosed Existence, an	"Application by Fore d check are submitted	ign Limited Liability Con to register the above refe	npany for Authorizatio renced foreign limited	on to Transact Business in Fic Hability company to transact	orida," Certificate o I business in Florida
Please return	all correspondence or	ncerning this matter to th	e following:		
		N	icole Garcia		
		,	Varue of Person		<del></del>
	InCorp Service	es, Inc.			
	<del></del>	I	irm/Company		
	2360 Corporal	e Circle · Sulte 400			
	······································		Address		<del></del>
	Henderson, N	/ 6907 <b>4-7</b> 739			
	•	City/S	state and Zip Code	<del> </del>	
	documents@In	corp.com			
		E-mail address; (to be use	d for future annual repor	ri notification)	<del></del>
For further in	formation concerning	this matter, please call:			
Nic	ole Garcia on beha	if of incorp Services, In	C.	(800) 246-2677	
<del>,</del>	Name of	Contact Person	Area Code	Daytime Telephone Numb	or .
Divi Regi P.O.	LLING ADDRESS: sion of Corporations stration Section Box 6327 shasace, FL 32314	Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ation Section Building xecutive Center Circle 1880, FL 32301	•	
	a check for the fo	ilowing amount:	<b>© \$155</b> .00 Filing F	fee & □ \$160.00 Filing Fe	na Certificato
T 2.1	23.00 rmag rec	Certificate of Status	Certified Copy	of Status & Certi	

# 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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	
I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name lability Company," "LLC," or "LLC.")	must invlude "L	imited
Delaware 3, N/A		
Company is organized) (Fill number, if applicable	). Div.s	
Upon Registration	,	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penulty liability)		三
1100 Main St, Ste 2720		
Kansas City, MO 84105	[n	PH
(Street Address of Principal Office)	55	- F.
1100 Main St, Ste 2720	<u> </u>	
Kansas City, MO 64105	<u> </u>	
(Meiling Address)	age is/ure	_
. The name, title or capacity and address of the person(s) who has/have authority to mana	•	
7. The name, title or capacity and address of the person(s) who has/have authority to mana	•	· 
7. The name, title or capacity and address of the person(s) who has/have authority to mana	ated by the o	t
7. The name, title or capacity and address of the person(s) who has/have authority to mans Alex Kauffman, Managing Member  1100 Main St, Sie 2720, Kansas City, MO 64  2. Attached is an original certificate of existence, no more than 90 days old, duly authenticate aving custody of records in the jurisdiction under the law of which it is organized. (A photoceptable. If the certificate is in a foreign language, a translation of the certificate under organized be submitted)  Signature of an authorized person  The occurrence with particle 605 0201. F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that	ated by the ortocopy is not ath of the train	t nslato: :rein are (
7. The name, title or capacity and address of the person(s) who has/have authority to mans Alex Kauffman, Managing Member  1100 Main St, Sie 2720, Kansas City, MO 64  2. Attached is an original certificate of existence, no more than 90 days old, duly authentication aving custody of records in the jurisdiction under the law of which it is organized. (A photoceptable. If the certificate is in a foreign language, a translation of the certificate under organist be submitted)  Signature of an authorized person	ated by the ortocopy is not ath of the train	t nslato: :rein are (

# 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.

The name of the Limited Liability Company is:  Treasury Services Group, LLC						
if unavailable, t	the alternate to be used in	n the state of Florida is:				
2. The name an	id the Florida street addr	ess of the registered agent and office are:				
	InCorp Services, Inc.				14	
		(Name)	_	÷		i
	17888 67th Court North	h			<u>.</u>	ادالاگر استون
Florida Street Address (P.O. Box NOT ACCEPTABLE)		_	7.1 jun	93		
	Loxahatchee	7L 33470			E	TEUR († Nagrid)
		City/State/Zip	<del></del>		্য	

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.

Nicole Garcia on behalf of Incorp Services, Inc.
(Signature)

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

û j

[ - ]

# Delaware

DAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TREASURY SERVICES GROUP, 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-THIRD DAY OF JUNE, A.D. 2014.

4

4946704 8300

140864893

You may varify this cartificate online at corp. delaware. gov/authver. shtml

AUTHENTY CATION: 1475968

DATE: 06-23-14