# M1400008197

(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:				
W14-65628				

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10/27/14--01045--021 \*\*125.00



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2014

SUZANNE THOMPSON MOSS & BARNETT 150 SOUTH FIFTH STREET, SUITE 1200 MINNEAPOLIS, MN 55402

SUBJECT: COACH FINANCE GROUP, LLC

Ref. Number: W14000065628

We have received your document for COACH FINANCE GROUP, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 914A00023118

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
Coach Finance Group, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	icate of Florida
Please return all correspondence concerning this matter to the following:	
Suzanne Thompson	
Name of Person	
Moss & Barnett	
Firm/Company	
150 South Fifth Street, Suite 1200	~3
Address	=
Minneapolis, MN 55402	2014 NOV 12 PM 4: 03
City/State and Zip Code	2
sue.thompson@lawmoss.com	<b>X</b>
E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	ິນ
Suzanne Thompson 4,612 877-5352	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	
Enclosed is a check for the following amount:   \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee}  \Bigsim \frac{1}{2} \\$130.00 \text{ Filing Fee & Certificate of Status}  \Bigsim \frac{1}{2} \\$155.00 \text{ Filing Fee & Description of Status & Certified Copy}  \text{of Status & Certified Copy}   \text{of Status & Certified Copy}   \text{of Status & Certified Copy}   \text{of Status & Certified Copy}   \text{of Status & Certified Copy}   \text{of Status & Certified Copy}      \text{of Status & Certified Copy}	te

## 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. Coach Finance Group, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate n Liability Company," "L.L.C.," or "LLC.")	ame must include "Limited
<sub>2.</sub> Delaware <sub>3.</sub> 45-4467352	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applic company is organized)	able)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1645 Lyndale Avenue North, Suite 102	<u></u> 20
Faribault, MN 55021	5 T
(Street Address of Principal Office)	-
6. 1645 Lyndale Avenue North, Suite 102	SEC. 2
Faribault, MN 55021	PM L
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to m	7.
Robert F. Foley, 1645 Lyndale Avenue North, Suite 102, Faribaui	lt, MN 55021
Chief Manager	
8. Attached is an original certificate of existence, no more than 90 days old, duly authen having custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	photocopy is not
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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided.	that the facts stated herein are true, ed for in s.817.155, F.S.)
Robert F. Foley, Chief Manager	

Typed or printed name of signee

# 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.

If unavailable	, the alternate to be used in	the state of Florida is:		
<u> </u>		·		·
2. The name	and the Florida street addre	ess of the registered agent and of	fice are:	
	C T Corporation	on System		201
		(Name)		NOV 12
	1200 South P	ine Island Road		12 SSE SSE
	1200 Codin 1			
		Address (P.O. Box NOT ACCEPTABLE)	· · · · · · · · · · · · · · · · · · ·	OF SI

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.

Michele Miller 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)

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "COACH FINANCE 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-SECOND DAY OF OCTOBER, A.D. 2014.

5092794 8300

141321484

AUTHENTY CATION: 1802537

DATE: 10-22-14

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