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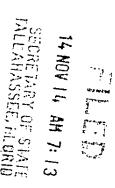
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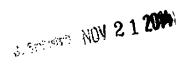


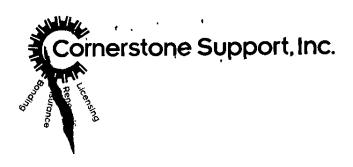


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Florida Division of Corporations New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

November 12, 2014

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Ben Franklin Finance LLC. They have hired Cornerstone Support, Inc. to file this on their behalf. I have provided a stamped self addressed envelope for return proof of filing for your convenience. If you have any questions, please feel free to call me at (678) 740-0504.

Please mail any correspondence to: Cornerstone Support, Inc. Attn: Janet Teague 70 Mansell Court, Suite 250 Roswell, GA 30076

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Sincerely,

Janet Teague

Senior Licensing Specialist Cornerstone Support, Inc.

Fox 770 587 2440

COVER LETTER

Registration Section Division of Corporations

SUBJECT:		Ben Franklin Finance					
		Name of Limited	d Liabilii	y Company	,		
		n Limited Liability Comp					
Existence, a	nd check are submitted to	register the above refere	need fo	reign limi	ted li	ability company to trans	act business in Florida.,
Please return	n all correspondence con	cerning this matter to,the	followir	ng:			
		Janet '	Teague				
		No	me of Pe	erson			
		Cornerstone					and distributed and white the state of the s
		Fi	rm'Comp	oany			
		70 Mansell	Court, S	Suite 250			
			Addres	3			
		Roswell, Ga			**********		
		City/St	ate and Z	lip Code			
		E-mail address; (to be used	for futur	e annual re	port i	natification)	
For further i	nformation concerning th	is matter, please call:					
	•	·					
*****	Janet Teague		_ at (770	_)	587-4595	
	Name of C	ontact Person		Area Code		Daytime Telephone Nur	nber
Div	AILING ADDRESS: vision of Corporations						
Re _l	gistration Section D. Box 6327	tration Section Registration Section Box 6327 Clifton Building					
	llahassee, FL 32314		ecutive	Center Ci	rcle		
Enclosed (is a check for the foll	owing amount					
		S130.00 Filing Fee & Certificate of Status		5.00 Filir rtified Co		e & □ \$160.00 Filing of Status & C	

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 RECISTERED AGENT IN THE STATE OF FLORIDA.

	: Limited Liability Company is:	·
If unavailable, the	alternate to be used in the state of Florida is:	
2. The name and t	ne Florida street address of the registered agent and of	fice are:
	Corporation Service Company	
	(Nano)	TALLAHAS
•	1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE	HASSAH HASSAH 1 An
horan-	Tallahassee, FL 32301 City/Statz/Zip	AM 7: 13

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.

Sonya Cordell
Assistant VP
(Signature)

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

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

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

Ben Franklin F (Name of Foreign		empany; most in	clude "Limited Lia	hility Company.***L	.L.C.,"	or "LLC	:")	
name unavailable, enter alteri	nate name adopted	for the purpose of	f transacting busine	ess in Florida. The al	ternate i	name m	ust incl	ude "Limite
bility Company," "L.L.C." or	'TLLC, }							
IN		1111111	3	47-14020		11 .		
urisdiction under the law of company is organized)	which foreign limi	ted hability		(FEI number.	if appli	cable)		
Upon Approva	l							
	(Date tirst tra (See sections 60	insacted business 5,0904 & 605,090	in Florida, if prior i 05, F.S. to determin	to registration.) re penalty liability)				
107 N. State Road 1	35,	· · · · · · · · · · · · · · · · · · ·						
Greenwood, IN 4614	12							
Andrews (1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984		(Street Addr	ess of Principal Off	ice)				
	**************************************							· · · · · · · · · · · · · · · · · · ·
	·		iling Address)				· · · · · · · · · · · · · · · · · · ·	
The name, title or ca					ty to n	NAMASSA AL	e isæi VO×	re:
Derrick K. Christy	Manager	107 N. State	Road, Suite 302	Greenwood	IN	46142	<u> </u>	
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Attached is an origina								
ving custody of record								
reptable. If the certific ist be submitted)	ate is in a forc	eign language	, a translation	of the certificat	e undo	er oath	of th	e transla
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		لمتسل	V. aly	20				
ecordance with section 605,020	3 F.S. the execution		an authorized		and mande	we that the	n funta	4 m t au 1 h a a
ware that any false information	submitted in a docur	nent to the Departm	ent of State constitute	es a third degree felony	as provi	ded for i	n s.817.	iss, F.S.)
		errick K. Chris	sty ted name of sig					



STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BEN FRANKLIN FINANCE LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 23, 2014, and was in existence or authorized to transact business in the State of Indiana on November 12, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twelfth Day of November, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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