## τ T<sup>2</sup>.

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PICK-UP	WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	
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Office Use Only



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J. Shivers MAR 11 709

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 533712 7952010

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 9, 2015

ORDER TIME : 2:58 PM

ORDER NO. : 533712-005

CUSTOMER NO: 7952010

#### FOREIGN FILINGS

NAME: BAMA COMMERCIAL LEASING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### COVER LETTER

	Registration Section Division of Corporations				
	BAMA COMMERCIAL LEASING, LLC				
SUBJEC	F:				
The encle Existence	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please re	arn all correspondence concerning this matter to the following:				
	ZACHARY MONAGHAN				
	Name of Person				
BAMA COMMERCIAL LEASING					
Firm/Company					
	1500 SYCAMORE ROAD STE 200				
	Address				
	MONTOURSVILLE, PA 17754				
	City/State and Zip Code				
	ZMONAGHAN@AUTOTRAKK.COM				
	E-mail address: (to be used for future annual report notification)				
For furthe	information concerning this matter, please call:				
	ZACH MONAGHAN 856 625-0042				
·	Name of Contact Person Area Code Daytime Telephone Number				
] ] ]	ALILING ADDRESS: Division of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 Clifton Building Tallahassee, FL 32301				
	is a check for the following amount:  \$\begin{align*} \text{\$125.00 Filing Fee} &  \text{\$\$130.00 Filing Fee} &  \text{\$\$Certificate} &  \text{\$\$Certificate} &  \text{\$\$Certified Copy} &  \text{\$\$of Status & Certified Copy} \end{align*}				

## 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: BAMA COMMERCIAL LEASING, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") PA 47-3289463 2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1500 SYCAMORE RD STE 200 MONTOURSVILLE, PA 17754 (Street Address of Principal Office) 1500 SYCAMORE RD STE 200 MONTOURSVILLE, PA 17754 (Mailing Address) 212: 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ZACHARY MONAGHAN camere Rd. Ste 200, Montoursville 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.) ZACHARY MONAGHAN

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.

	of the Limited Liability Co	ompany is:		
If unavailable	e, the alternate to be used in	n the state of Florida is:		
2. The name	and the Florida street addr	ress of the registered agent and office are:		
	Corporation Service Com	npany		
•	(Name)			
	1201 Hays Street		5 HA	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		- R 10	
	Tallahassee	32301 FL		
		City/State/Zip	1:23 3:AMI 9:888	
liability comp registered age statutes relati	any at the place designated ent and agree to act in this o ing to the proper and compl	and to accept service of process for the above a lin this certificate, I hereby accept the appoint capacity. I further agree to comply with the pr lete performance of my duties, and I am familia registered agent as provided for in Chapter 60	tment as rovisions of all ar with and	
	Corporation Service Comp.	Countries	Williams President	
	<u>:</u>	<ul> <li>5.00 Filing Fee for Application</li> <li>5.00 Designation of Registered Agent</li> <li>5.00 Certified Copy (optional)</li> </ul>		

5.00 Certificate of Status (optional)

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**MARCH 3, 2015** 

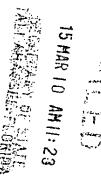
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **BAMA Commercial Leasing, LLC**

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.





IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Acting Secretary of the Commonwealth

Pedus C. Contés

Certification Number: 12455672-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp