estor's Name)				
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Office Use Only



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NEPARTMENT OF STATE

FILED

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GCRC LAPT CE STATE

MAR 1 8 2015 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 550993 7648597

AUTHORIZATION :

COST LIMIT : \$7125.00

ORDER DATE: March 17, 2015

ORDER TIME : 1:15 PM

ORDER NO. : 550993-005

CUSTOMER NO: 7648597

FOREIGN FILINGS

NAME: CASH CENTRAL OF FLORIDA 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:

15 NAR 17 PH I2 3

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. Cash Central of Florida 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.") (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) 5. 6785 Bobcat Way, Suite 200 Dublin, Ohio 43016 (Street Address of Principal Office) 6, 6785 Bobcat Way, Suite 200 Dublin, Ohio 43016 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: See Exhibit "A" attached hereto and made a part hereof. 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.)

Bridgette C. Roman, Manager

Typed or printed name of signee

Exhibit "A" to Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Kyle F. Hanson, Manager, 6785 Bobcat Way, Suite 200, Dublin, Ohio 43016 Michael Durbin, Manager, 6785 Bobcat Way, Suite 200, Dublin, Ohio 43016 Bridgette C. Roman, Manager, 6785 Bobcat Way, Suite 200, Dublin, Ohio 43016 S. Todd Jensen, Manager, 6785 Bobcat Way, Suite 200, Dublin, Ohio 43016

15 NAR 17 PH 12: 31

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: Cash Central of Florida LLC				
If unavailable	e, the alternate to be used in the	state of Florida is:		
2. The name	and the Florida street address	of the registered agent and office are	e:	
	Corporation Service Company		三层 5	
		(Name)		
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		Established Fig.	
	Tallahassee	32301 FL	4 D: 34 4 D: 34	
		City/State/Zip		
liability compregistered ag statutes relati	pany at the place designated in t ent and agree to act in this cape ing to the proper and complete p ligations of my position as regis	to accept service of process for the a his certificate, I hereby accept the ap acity. I further agree to comply with performance of my duties, and I am p stered agent as provided for in Chap	ppointment as the provisions of all familiar with and oter 605, Florida	
	By: (Signal	Asst.	rtney Williams Vice President	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agen Certified Copy (optional) Certificate of Status (optional)	t	

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CASH CENTRAL OF FLORIDA LLC, an Ohio For Profit Limited Liability Company, Registration Number 2368947, was organized within the State of Ohio on February 19, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of March, A.D. 2015.

Ohio Secretary of State

Validation Number: 201506201693