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(Requestor's Name)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA



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*Paralegal*  
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CALIFORNIA FLORIDA LOUISIANA MISSISSIPPI NEW YORK OHIO TEXAS WASHINGTON, DC

ATTORNEYS AT LAW

June 1, 2016

**Via FedEx Overnight Delivery**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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16 JUN -2 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Automotive Leasing Specialists, Inc.  
Our Ref: 105063.0026

Dear Sir or Madam:


This firm represents Automotive Leasing Specialists, Inc. ("ALS") in licensing and compliance matters. ALS has undergone a conversion effective 12/22/2015. In support of the conversion, enclosed please find the following:

1. Florida Deficiency Notice;
2. Application by Foreign Corporation Withdrawal of Authority to Transact Business;
3. Application by Foreign LLC Authorization to Transact Business; and
4. Check in the amount of \$125.00 covering the filing fee.

Thank you for your time and attention in this matter. Should you have any questions or require anything further, please contact me.

Sincerely,

**McGlinchey Stafford**

  
Terrin M. Anthony  
Paralegal

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1574387.2

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Automotive Leasing Specialists, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Terrin Anthony

Name of Person

McGlinchey Stafford

Firm/Company

601 Poydras Street, Suite 1200

Address

New Orleans, LA 70130

City/State and Zip Code

tanthony@mcglinchey.com

E-mail address: (to be used for future annual report notification)

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16 JUN -2 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Terrin Anthony

504

654-1191

at ( )

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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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. Automotive Leasing Specialists, L.L.C.

(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.")

2. Louisiana

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 26-0787257

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4023 Ambassador Caffery Pkwy, Suite 203

Lafayette, LA 70503

(Street Address of Principal Office)

6. 4023 Ambassador Caffery Pkwy, Suite 203

Lafayette, LA 70503

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and  
accept the obligations of my position as registered agent.

(Registered agent's signature)

Michael E. Jones  
Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael Caffrey, President and CEO - 4023 Ambassador Caffery Pkwy, Suite 203, Lafayette, LA 70503

Robert Giles, Chairman - 4023 Ambassador Caffery Pkwy, Suite 203, Lafayette, LA 70503

Clay Allen, Secretary and Treasurer - 4023 Ambassador Caffery Pkwy, Suite 203, Lafayette, LA 70503

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

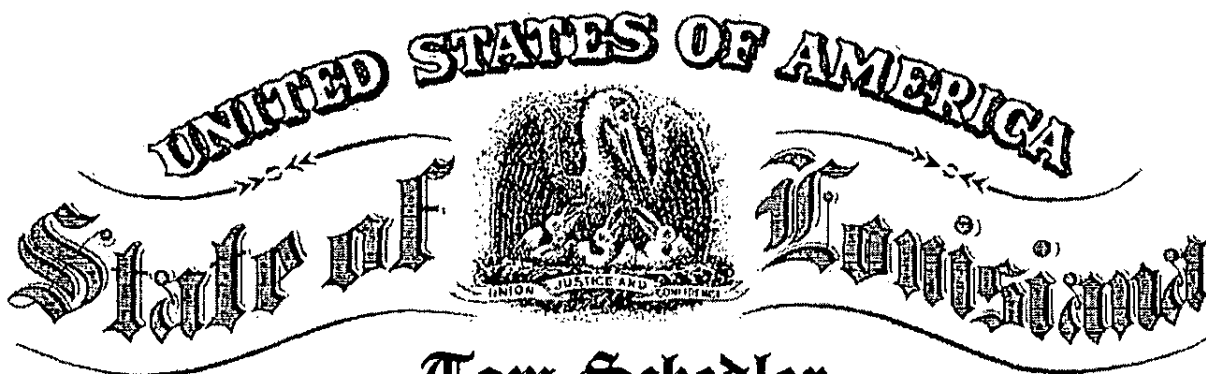
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Terrin Anthony, Paralegal, McGlinchey Stafford, authorized agent

Typed or printed name of signee

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16 JUN - 2 PM 4:04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



**Tom Schedler**

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

**AUTOMOTIVE LEASING SPECIALISTS, L.L.C.**

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on January 15, 2003,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

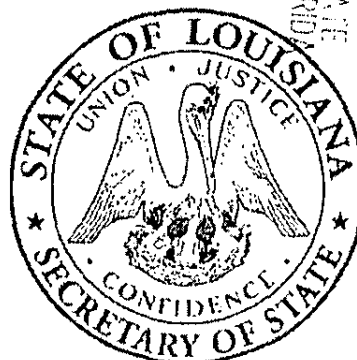
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 23, 2016

*Secretary of State*

Web 35408943K



Certificate ID: 10693786#VAR93

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)

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