

116000006/66

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
JAN. 14, 2016

2016 AUG -2 P 2:22

FILED

AUG 03 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2016

KEVIN DAVIS  
3209 W. SMITH VALLEY ROAD, SUITE 207  
GREENWOOD, IN 46142

SUBJECT: ABSOLUTE LENDING LOGISTICS, LLC  
Ref. Number: W16000044167

We have received your document for ABSOLUTE LENDING LOGISTICS, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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: 716A00012967

2016 AUG -2 P 2:22  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Absolute Lending Logistics

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:

Kevin Davis

Name of Person

Absolute Lending Logistics, LLC

Firm/Company

3209 W. Smith Valley Road Suite 207

Address

Greenwood, IN. 46142

City/State and Zip Code

kdavis@absolutelendinglogistics.com

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

For further information concerning this matter, please call:

Kevin Davis

317

5048196

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

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FILED  
TALLAHASSEE, FL

**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. Absolute Lending Logistics, 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.")

2. INDIANA 3. 81-1394342  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3209 W. SMITH VALLEY RD. SUITE 207  
GREENWOOD, IN. 46142  
(Street Address of Principal Office)

6. 3209 W. SMITH VALLEY RD. SUITE 207  
GREENWOOD, IN. 46142  
(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, Florida 33324  
(City) (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.*

Jerry Vincent Jerry Vincent  
Notary Public & Notary for Florida

(Registered agent's signature)

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

KEVIN DAVIS - CEO - 145 E. HICKORY LANE INDIANAPOLIS, IN 46227

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]  
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.

KEVIN J. DAVIS  
Typed or printed name of signee

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

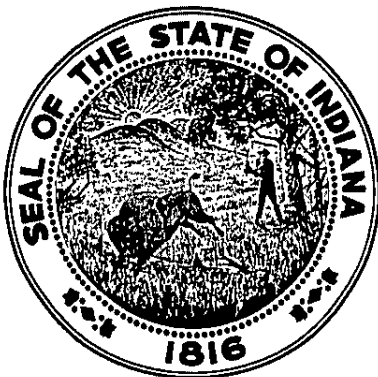
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**ABSOLUTE LENDING LOGISTICS LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 10, 2016, and was in existence or authorized to transact business in the State of Indiana on July 08, 2016.

I further certify this Domestic Limited Liability Company 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 08, 2016

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>