M18000000295

From:

01/10/2018 12:31

#815 P.001/003

Division of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000119113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : COGENCY GLOBAL, INC. Account Number : 120000040088

Phone : (800)221-0102 Fax Number : (800)944-6607

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _

Foreign Limited Liability Company CNH FINANCE GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JAN 1 0 2018

Electronic Filing Menu Corporate Filing Menu

Help

1/10/2018

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

PART Classes of CD 1.1			
1. CNH Finance GP 1.1.			
(Name of Foreig	n formited Liability Company, must include "l'i	mited Liabibity Company," "L. F.C., or "LEC"	
ils maner unavastatele, enter alternate	name adopted for the propose of transacting business in	n Florida. The electrate name must us hide "United that	bility Company " 1.1 C for 11 C i
2 Delaware		- 30-0879077	
(Jurisdiction under the law of a	halt liveren limited bability continue is organized)	(El.I poss	er if applicable)
4. Upon Authorization			
	(Eate first transacted business in Florida, if pro- ther sections 605 (99)4 & 605 0505 (F.S. in dri	e as registration.) Permote penalty, habitary (
Two Greenwich Plaza	1	6. Two Greenwich Plaza	
(Street Address of		O	- 6 - 5
Greenwich, CT 06830	<u> </u>	Greenwich, CT 06830	
<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			ಲ್ಲಿ . ∞
7. Norma and street address	ss of Floridu registered agent: (P.O. B	In MAT againship	0RIU
. Karie and street Boots	S of Florida registered agent. (F.O. D	sov sor acceptable)	7
Name:	COGENCY GLOBAL, Inc.	······································	
Office Address:	115 North Calhoun Street, Suite 4		
	Tallahussee	32201	
	(Ce)	, Florida 32301 (Zsp.code	
	•	er and complete performance of my o	n this capacity. I further agree uties, and I am familiar with
	of my position as registered agens.	ASSISTANT SATIOTA	
	•	ASSISTANT SATIOTA	
nd accept the obligation.	of my position as registered agens.	J. ASSISTINT SETLETAL	
nd accept the obligation: 3. The name, title or capa	city and address of the person(s) who	ASSISTIANT SCHLETTE has have authority to manage issue:	uties, and I am familiar with
nd occept the obligation. 3. The name, title or capa Title or Capacity;	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza	ASSISTIANT SCHLETTE has have authority to manage issue:	uties, and I am familiar with
nd occept the obligation. 3. The name, title or capa Title or Capacity;	city and address of the person(s) who Name and Address: Timothy Peters	ASSISTIANT SCHLETTE has have authority to manage issue:	uties, and I am familiar with
nd accept the obligation. 3. The name, title or capa Title or Capacity;	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza	ASSISTIANT SCHLETTE has have authority to manage issue:	uties, and I am familiar with
nd accept the obligation. 3. The name, title or capa Title or Capacity;	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza	ASSISTIANT SCHLETTE has have authority to manage issue:	uties, and I am familiar with
nd accept the obligation. 3. The name, title or capa Title or Capacity;	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza	ASSISTIANT SCHLETTE has have authority to manage issue:	uties, and I am familiar with
nd accept the obligation. 3. The name, title or capa Title or Capacity; Manager	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza Greenwich, CT 06830	ASSISTIANT SCHLETTE has have authority to manage issue:	utics, and I am familiar with
B. The name, title or capa Title or Capacity; Manager Use attachments if necess	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza Greenwich, CT 06830	has have authority to manage is are: Title or Capacity:	Name and Address:
nd accept the obligation. 3. The name, title or capa Title or Capacity; Manager Use attachments if necess Attached is a certificate or isdiction under the law of	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza Greenwich, CT 06830 ary: of existence, no more than 90 days old of which it is organized. (If the certification of the contribution of the certification of the certi	ASSISTIANT SCHLETTE has have authority to manage issue:	Name and Address:
and accept the obligation. 3. The name, title or capa Title or Capacity; Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be su 2. This document is execu-	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza Greenwich, CT 06830 ary) of existence, no more than 90 days old of which it is organized. (If the certification and the certification and the certification and the certification accordance with section 605.020	has have authority to manage is are: Title or Capacity:	Name and Address: Name and Address: ing custody of records in the n of the certificate under oath that any false information
and accept the obligation. 3. The name, title or capa Title or Capacity; Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be su 2. This document is execu-	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza Greenwich, CT 06830 ary) of existence, no more than 90 days old of which it is organized. (If the certification and the certification and the certification and the certification accordance with section 605.020	has have authority to manage is are: Title or Capacity: Aduly authenticated by the official have at is in a foreign language, a translation of the is in a foreign language.	Name and Address: Name and Address: ing custody of records in the n of the certificate under oath that any false information
and accept the obligation. 3. The name, title or capa Title or Capacity; Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be su 2. This document is execu-	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza Greenwich, CT 06830 ary) of existence, no more than 90 days old of which it is organized. (If the certification and the certification and the certification and the certification accordance with section 605.020	has have authority to manage is are: Title or Capacity: Aduly authenticated by the official have at is in a foreign language, a translation of the is in a foreign language.	Name and Address: Name and Address: ing custody of records in the n of the certificate under oath that any false information
B. The name, title or capa Tisle or Capacity; Manager Cisc attachments if necess Attached is a certificate or isdiction under the law of the translator must be su D. This document is executed in a document to	city and address of the person(s) who Name and Address: Timothy Peters Two Greenwich Plaza Greenwich, CT 06830 ary) of existence, no more than 90 days old of which it is organized. (If the certification and the certification and the certification and the certification accordance with section 605.020	has have authority to manage is are: Title or Capacity: Aduly authenticated by the official have at is in a foreign language, a translation of the is in a foreign language.	Name and Address: Name and Address: ing custody of records in the n of the certificate under oath that any false information

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNH FINANCE GP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNH FINANCE GP LLC" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5758362 8300

SR# 20177700390

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203802780

Date: 12-20-17