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Foreign Limited Liability Company AUTOFINANCE SERVICES FLORIDA LLC

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COVER LETTER

ro:		stration Section sion of Corporations						
		AUTOFINANCE SE	RVICES LLC					
SUBJI	ECI: _		Na	ne of Limit	ed Liability C	ompany		
The en Exister	nclosed ncc, and	"Application by Fore discharge the check are submitted	ign Limited Liability to register the above	Company t	for Authorizat Foreign limite	ion to Transac ed liability con	t Business in Florida," npany to transact busin	Certificate o
lease	return	all correspondence co	nceming this matter	to the follo	wing:			
		ELENA DIAZ						
				Name o	of Person			
		RICHARDS & I	PARTNERS, P.A					
				Firm/C	ompany			
		2665 SOUTH B	AYSHORE DRIVE,	SUITE 70	3			
			<u> </u>	Ad	dress			
		MIAMI, FLORI	DA, 33133					
				City/State a	and Zip Code			•
		ediaz@richards-la						
			E-mail address: (to	be used for	fature annual	report notifica	tion)	•
For fu	irther in	formation concerning	this matter, please c	ali:				
	ELI	ENA DIAZ		· at	305	8589900		
		Nume of	Contact Person		Area Code	Daytime	Telephone Number	•
	Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314				STREET AD Division of C Registration S Clifton Buildi 2661 Executiv Tallahassee, I	orporations Section ing ve Center Circle	
	Plea	losed is a check for th se make check payab \$125,00 Filing Fee		g Fee &	\$155.00	FE Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

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

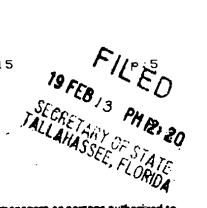
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

HP LASERJET FAX

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AUTOFINANCE SERVICES LLC (Name of Fereign Limited Lishitity Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") AUTOFINANCE SERVICES FLORIDA LLC (if name mayariable, enter afternate name adopted for the purpose of transacting business in Florido. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.") 83-3477985 DELAWARE (FEI number, it applicable) (Jurisdiction under the law of which foreign limited liability company is organized) FEBRUARY 11, 2019 (Date first transacted business in Florida, if prior to registration.)
(See sections 005 0934 & 605.0905, F.S. to determine penalty liability) 2665 SOUTH BAYSHORE DRIVE, SUITE 703 2665 SOUTH BAYSHORE DRIVE, SUITE 703 5. (Mailing Address) (Street Address of Principal Office) MIAMI, FLORIDA, 33133 MIAMI, FLORIDA, 33133 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) WORLD CORPORATE SERVICES INC Name: 2665 SOUTH BAYSHORE DRIVE, SUITE 703 Office Address: MIAMI

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.



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■ Manager	Name: MORELLA JARAMILLO	Manager	Name:	
Member	Address: 2665 SOUTH BAYSHORE	Member	Address:	
Authorized	DRIVE, SUITE 703, MIAMI			
Person	FLORIDA, 33133	Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		☐ Authorized		
Person		Person	<u> </u>	
Other	Other	Other		Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	se an attachment to report more than six (6). The may be added to the index when filing your Florificate of existence, no more than 90 days old, one law of which it is organized. (If the certificate it be submitted) s executed in accordance with section 605.0203 ment to the Department of State constitutes a this	rida Department of Statuteliuly authenticated by the is in a foreign language (1) (b). Florida Statutes rd degree felony as prov	e Annual Rep cofficial havi t, a translation t. I am aware t	ort form. ng custody of records in the of the certificate under eath that any false information
	MOREL	LA JARAMILLO		

Typod or printed name of signer

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AUTOFINANCE SERVICES 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTOFINANCE SERVICES LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2017.

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

19 FEB 13 PM R. 20 SECRETARY OF STATE

6318262 8300 SR# 20191223741

Authentication: 202298600

Date: 02-21-19