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## TO: Registration Section Division of Corporations

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Monterey Premium Finance Company, LLC

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SUBJECT:

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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:

| Arthur L. Waters   |   |                      |                                 |                        | 101910-       | -              |
|--|---|----------------------|---------------------------------|------------------------|---------------|----------------|
|  | Name                                      | of Person            |                                 |                        | 10-10-1       |                |
| A. L. Waters, Atto                                       | mey At Law                                |                      |                                 |                        | 6             |                |
|  | Firm/(                                    | Company              |                                 | SEE, FLUMUA            | PH 2: 06      | •••••<br>••••• |
| 1415 Skyland Driv  | æ   |                      |                                 | FLOR                   | 2:0           |                |
| ·  | Ac  | idress               |                                 | U<br>V<br>V            | - o           |                |
| Lake Oswego, OF  | 97034                                     |                      |                                 |                        |               |                |
| <del></del>  | City/State                                | and Zip Code         |                                 |                        |               |                |
| arthur@arthurwater                                       | s.com                                     |                      |                                 |                        |               |                |
|  | E-mail address: (to be used for           | future annual rep    | port notificat                  | ion)                   | -             |                |
| For further information concerning t                     | his matter, please call:                  |                      |                                 |                        |               |                |
| Arthur Waters  | al  |                      | 645-1100                        |                        |               |                |
| Name of (  | Contact Person                            | Area Code            | Daytime '                       | Telephone Number       | -             |                |
| MAILING ADDRESS:<br>Division of Corporations             |   |                      | TREET ADI                       |                        |               |                |
| Registration Section                                     |   | R                    | egistration Se                  | ection                 |               |                |
| P.O. Box 6327<br>Tallahassee, FL 32314                   |   |                      | lifton Buildin<br>661 Executive | ig<br>e Center Circle  |               |                |
|  |   | T                    | allahassee, Fl                  | L 32301                |               |                |
| Enclosed is a check for the<br>Please make check payable | following amount:<br>to: FLORIDA DEPARTME | INT OF STATE         |                                 |                        |               |                |
| \$125.00 Filing Fee                                      | □ \$130.00 Filing Fee &                   | <b>\$</b> 155.00 Fil |                                 | <b>\$160.00</b> Filing | Fee, Certific | cate           |
|  | Certificate of Status                     | Certified            | •                               | of Status & Ce         | rtified 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. Monterey Premium Finance Company, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

|            | some unavailable, mer alternate name adopted for the purpose of transacting business in Florida. I                          | De alternata muse mant include "Limited Lisbility Co | ampiny," "LLC," or "LL | בק    |
|------------|---|--|------------------------|-------|
| (lf :      | some unavailable, coter alternate name adopted for the purpose of transactory counters in Fightum. I                        |  | 1419                   |       |
| 4          | Arizona   | 84-3709526   | 191                    | ••••  |
| 2          | (Jurisdiction under the law of which foreign limited lishility company is organized)  | J (PEI number, if ap                                 |                        | -<br> |
| 4.         | n/a   |  | 6 PI                   | ,     |
|            | (Deta first transacted business in Florida, if prior to registr<br>(See sections 605.0904 & 603.0905, F.S. to determine per | nalion.)<br>nality lizbility)                        | 1. 2                   | ٠.    |
| 5          | 16700 N. Thomson Peak Parkway   | 16700 N. Thomson Peak Parkwa                         |                        |       |
| Sireet Add | (Street Address of Principal Office)  | (Mailing Address)                                    |                        | -     |
|            | Suite 240   | Suite 240  |                        | _     |
|            | Scottsdale, AZ 85260  | Scottsdale, AZ 85260                                 |                        |       |

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

| Name:           | Corporation Service Company |                  |
|-----------------|-----------------------------|------------------|
| Office Address: | 1201 Hays Sgtreet           |                  |
|                 | Tallahassee                 | 32301<br>Florida |
|                 | (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.

Deb Reeves set kener Assistant Vice President (Registered egent's signature)

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]:

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| Title or Capacity: | Name and Address:                                  | Title or Capacity | <u>':</u> | Name and Address: |
|--------------------|--|-------------------|-----------|-------------------|
| Manager            | Name: Clifton D. Waterbury                         | 🗌 Manager         | Name:     |                   |
| Member             | 16700 N. Thomson Peak Parkway<br>Address Suite 240 | Member            | Address:  |                   |
| Authorized         | Scottsdale, AZ 85260                               | Authorized        |           |                   |
| Person             |  | Person            | <u>-</u>  | ·····             |
| Other              | Other  | Other             | <u> </u>  | Other             |
|                    |  |                   |           | 190-              |
| Manager            | Name:  | Manager           | Name:     |                   |
| Member             | Address:   | Member            | Address:  |                   |
| Authorized         |  | Authorized        |           |                   |
| Person             |  | Person            |           | 2 0.5             |
| Other              | Other  | Other             |           |                   |
|                    |  |                   |           |                   |
| Manager            | Name:  | Manager           | Name:     |                   |
| Member             | Address:   | Member            | Address:  |                   |
| Authorized         |  | Authorized        |           |                   |
| Person             | <u> </u>   | Person            |           | <u></u>           |
| Other              | Other  | Other             | <u></u>   | []]Other          |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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 falory as provided for in s.817.155, F.S.

| Cliph L (14)                      | $-\rho$ |
|-----------------------------------|---------|
| Signstare of an authorized person | F       |
| Clifton D. Waterbury              |         |

Typed or printed name of signee

