

| (Requestor's Name) | | |
|---|----------------|-------------|
| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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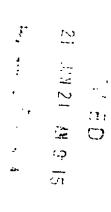
Office Use Only

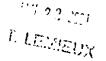


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

7

REFERENCE : 631231, 4359881

AUTHORIZATION : Syrell le man

COST LIMIT : '\$ `125.00

ORDER DATE: January 21, 2021

ORDER TIME : 12:55 PM

ORDER NO. : 631231-005

CUSTOMER NO: 4359881

FOREIGN FILINGS

NAME: CFS OF FORT MYERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

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: CFS OF FORT MYERS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C."). (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 "L.L.C.") Illinois (Jurisdiction under the law of which foreign limited liability company is organized) (Ff:1 number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.) 300 S. Green Bay Road 300 S. Green Bay Road (Street Address of Principal Office) Waukegan, IL 60085 Waukegan, IL 60085 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee

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.

By: Justice Company

[Kegistered agent'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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Consumer Financial Services, Corporation Manager Name: **■**Manager Address: _____ Bay Road □Member Address: _____ ☐ Member Waukegan, IL 60085 □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ Other Name: Regis Steighner ☐Manager ■ Manager Address: ____ Address: ☐ Member □ Member Waukegan, IL 60085 □ Authorized □ Authorized Person Person □ Other_____ ☐Other_____ □Other____ □Other___ Name: _____ Name: □Manager Address: ☐ Member ☐Member Address: □ Authorized □ Authorized Person Person □Other _____ □ Other □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 felony as provided for in s.817.155, F.S. Burno F. Bulluss
Signature of an authorized person Bruna F. Beilfuss

Typed or printed name of signee

File Number

0971691-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CFS OF FORT MYERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 13, 2021. APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of JANUARY A.D. 2021.

Authentication #: 2102001594 verifiable until 01/20/2022 Authenticate at: http://www.cyberdriveillinois.com esse White

SECRETARY OF STATE