## ... M98000001391 Santos Perez Requestor's Name

1020 E	B Address + ette St.		
Tallahas City/Stat	15 sec, FL 32301 942-0006 11. Phone #	Office Use ()	uly
CORPORATION	NAME(S) & DOCUMENT NUI	MBER(S), (if known):	
	d Check Cashing		
	poration Name) (L	ocument #)	
4(Cor	· ·	ocument#) ±1/c:	<b>2696037—-0</b> 5/98—01002—011 285.00 ****285.00
r	Will wait Photocopy	Certificate of Statu	<b>S</b>
Profit NonProfit X Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/	ctor	RECEIVED DIVING 98 NOW 24 PH 3: 24 98
Annual Report Fictitions Name Name Reservation	Y Foreign	Document Examiner Updater Updater Verifyer Acknowledgement W. P. Verifyer	SECRETARY OF STATE VISION OF CURPORATIONS  8 NOV 24 AM 8: 37
TR2E031(1/95)		Examiner's Initials	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not

so contained in the name at present.)

(Jurisdic	૭૫૨૬૧૧૧૦ lion under the law of which foreign lin is organized)	mited liability	3. Appleed (FEI number, if	FO (				
4	(Date of Organization)	<u>,</u>	5. Perpetual (Duration: Year limited liabili exist or "perpetual")	ty company will ease to				
6. <u>ll</u> 7. <u>l</u> ©	13-99 (Date first transacted business 20 E. LaFqypfte	in Florida. (See :	sections 608,501, 608,502, and 8 シベルセ しめし B	17.155, F.S.)				
<u> </u>	Ilahassee, FL 3	Street address of	principal office)		<u>.</u> .			
List name, title, and business address of each managing member[MGRM] or manager[MGR]who will manage the foreign limited liability company in Florida: (attach additional page if necessary)								
	lage the foreign minited hadding	company m i	Torras, (actaon accidente pa	go ix moodsumy)				
	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:				
		TITLE:	NAME & ADDRESS:					
	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:		- 			
	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:				
	NAME & ADDRESS:  Jeff Swank  7906 McClure	TITLE:	NAME & ADDRESS:					
	NAME & ADDRESS:  Jeff Swank  7906 McClure  Tallahassee PL	TITLE:	NAME & ADDRESS:	TITLE:	77			
	NAME & ADDRESS:  Jeff Swank  7906 McClure  Tallahassee PL	TITLE:	NAME & ADDRESS:	TITLE:  98 NOV 24	FILEU			
	NAME & ADDRESS:  Jeff Swank  7906 McClure  Tallahassee PL	TITLE:	NAME & ADDRESS:	TITLE:  98 NOV	FLED			



SECRETARY OF STATE

As Secretary of State of the State of Louisiana. I do hereby Certify that a copy of the Articles of Organization and Initial Report of UNITED CHECK CASHING SERVICES, L.L.C.

Domiciled at COVINGTON, LOUISIANA,

Was filed and recorded in this Office on November 12, 1998,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 12, 1998

SPR 34706691K Secretary of State



## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:				
United Check Cashing Services, L.L.C.				
J				
2. The name and address of the registered agent and office are:				
Santos Perez (Name)				
(Name)				
2000 Old Fort Dr.				
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)				
Tallahassee FL 3230/ (City/State/Zip)				

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 11-24-98 (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of <u>Unveed</u>	Check
Cashing Services, LLC deposes and says:	<del>u</del> .
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 50,000.
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$ <u> </u>
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$50,000.
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ 50,000.
alse	

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$250.00 for Application and Affidavit