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## **COVER LETTER**

Division of Corporations	
SUBJECT: florida LENTRA CREATE (Name of Alien Business Orga	
Dear Sir or Madam:	
The enclosed Designation of Registered Agent and Registered Offi are submitted for filing.	ce for Alien Business Organization and fee(s)
Please return all correspondence concerning this matter to the follo	wing:
MARUIN E. PAULEY (Name of Person)	13 JUN 20
floridacentral Credit Union (Firm/Company)	THE PORT OF THE PO
3333 HEWLERSON Blvd. (Address)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (813) 3 (Area Code & Daytim	287 - LOTH ne Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301	ction porations
Enclosed is a check for the following amount:  \$\Begin{align*} \text{\$\frac{1}{3}} \te	Filing Fee & Certified Copy

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1	floaida centaal Credit Union (Name of alien business organization)		
2	(State or country under which entity is organized)  3. 59-0857430  (FEI Number, if applicable)	13 JUI	۵.2 ¥ ; إ
4	3333 HENDRERSON Blvd. Tampa, FL 33609 (Prindipal office addless)	JUN 20 P	1
5. 1	Name and Florida Street address of registered agent.	<b>∄</b> ??	
	MARVIN E. Pauley	08	
	3333 Henderson Blvd.		
	TAMPA, FL 33609		
	The street address of the registered office and the street address of the business office of the registered are identical.	agent	
8. <u>.</u>	(Signature of chairman, vice chairman, or officer)  Signature of chairman, vice chairman, or officer)  (Name and capacity of person signing in number 7 above)		
9.	Signature of registered agent:		
	hereby accept the appointment as registered agent. I am familiar with and accept the obligations 17.0505, Florida Statutes.	of sec	ction
	(Registered agent accepting appointment)  Time 10, 3  (Date)	<u>10</u> 15	3

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

## **FILING FEE \$35**

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314