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Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Authority Foreign Business Entity

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 275 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The entity is a limited liability company.
- 2. The name of the entity is Acme Auto Leasing Limited Liability Company.
- 3. The state or country under whose law the entity is organized is Connecticut.
- 4. The date of organization is **12/13/2005**.
- 5. The mailing address of the entity's principal office is 440 Washington AVe, North Haven, CT 06473.
- 6. The street address of the entity's registered office in Kentucky is **743 East Broadway #279, Louisville, KY 40202-171** and the name of the registered agent in that office is **Chris Cullen**.
- 7. The names and business addresses of the entity's representatives:

Chris Cullen 440 Washington Ave, North Haven, Connecticut 06473

- 8. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
- 9. This application will be effective on filing.

Signature of Authorized Representative: Chris Cullen

I, **Chris Cullen**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Chris Cullen

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