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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

****	repulpose southits the following statement.				
1.	The name of the limited liability company is:				
	CCA Financial, LLC				
2.	The name, if different, under which it proposes to registe	r and transact business in Rh	ode Island is:		
3.	The limited liability company is organized under the laws	of <u>Virginia</u>			
4.	The date of its organization is11/27/00				
5.	The period of duration of the limited liability company is (if perpetual, so state)	12/31/50		
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	10 Weybosset Street	Providence	, RI 02903		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is CT CORPORATION SYSTEM				
	(Name of Agent)				
7.	The secretary of state is appointed the agent of the foreign there is no resident agent or if the resident agent can diligence.	on limited liability company for not be found or served follow	service of process if at any time wing the exercise of reasonable		
8.	The address of any office required to be maintained in the liability company is organized is:	e state or other jurisdiction ur	nder the laws of which the limited		
	8080 AMF Drive				
	Richmond, VA 23111				
9.	The mailing address for the limited liability company is:				
	901 EAST Cary Street, Suite 1500				
	Richmond, VA 23219'9	FILED	ED		
		AUG 15 2001	6 1 5 200°		
_	m No. 450 ised: 01/99 RI088 - CT System Online	By <u>5 C 86</u> 269666			

10. The limited liability company is to be ma	naged by:			
(Check one box only)				
its members	<u>or</u>	by one (1) or more managers		
11. If the limited liability company has manager:	agers at the	e time of filing this application, please list the name and address o		
Manager Address		Address		
Beverley W. Armstrong	901 E	. Cary St., Suite 1500, Richmond, VA 23219		
R. Gregory Williams	901 E	. Cary St., Suite 1500, Richmond, VA 23219		
Kim Albers	901 E.	. Cary St., Suite 1500, Richmond, VA 23219		
				
12. This application is accompanied by a ce authorized officer of the jurisdiction under	ertificate of er which the	good standing duly authenticated by the secretary of state or other foreign limited liability company was organized.		
	Applica	penalty of perjury, 1 declare and affirm that I have examined this tion for Registration, including any accompanying attachments, and statements contained herein are true and correct.		
Date: 8/9/01	C	CA Financial LLC Print Exact Name of Limited Liability Company Making Application		

Signature of authorized person Beverley W. Armstrong - Director

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State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to CCA FINANCIAL, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of November 27, 2000.

This certificate is in effect as of this date.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: August 2, 2001

Joel H. Peck, Clerk of the Commission