To:

■ Page: 2 of 5

2024-04-16 06:44:01 PDT

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From: Kaity Toon

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

RetailCorp-Gov@breadfinancial.com Email Address:__

Foreign Limited Liability Company COMENITY SERVICING LLC

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Help

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		da. The alternate name must include "Lunited Liability Comp	asny, "L.L.C., or "L.L.
cxas		46-1488958 3.	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI number, d'applicat	ble)
	(Date first transacted business in Florida if prior to reg (See sections 605 0901 & 605 0905, F.S. to determine	istration.) penalty liability)	
3095 Loyalty Circle		PO BOX 182936	
et Address of Principal Office)		6. (Mailing Address)	
Columbus OH 43219		Columbus OH 43218-2936	
Name and street addres	ss of Florida registered agent: (P.O. Box 2	<u>SOT</u> acceptable)	
Name and <u>street addres</u> Name:	S of Florida registered agent: (P.O. Box)	SOT acceptable)	34V 5707
 .		<u>SOT</u> acceptable)	16
Name:	C T Corporation System	SOT acceptable) 33324	

(Registered agent's signature)

By:

8.	For initial indexing purposes, list name	s, title or capacity and	addresses of the primary	members/managers or	persons authorized to
ma	nage [up to six (6) total]:				

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊠Manager	Name: Tammy McConnaughey	■ Manager	Name: Tom Van Winkle
□Member	Address: 3095 Loyalty Circle		Address: 3095 Loyalty Circle
□Authorized	Columbus OH 43219	□ Authorized	Columbus O11 43219
Person		Person	
□ Other		□ Other	
■Manager	Name:	■ Manager	Name: Robert Corron
□Member	Address: 3095 Loyalty Circle	□ Member	Address: 3095 Loyalty Circle
□Authorized	Columbus OH 43219	☐ Authorized	Columbus OH 43219
Person		Person	
□ Other	□Other	□Other	□Other_
☑Manager	Name: Jennifer Dodovski	™ Manager	Name: Julie Fire
□Ntember	Address: 3095 Loyalty Circle	□Member	Address: 3095 Loyalty Circle
□Authorized	Columbus OH 43219	☐ Authorized	Columbus OII 43219
Person	1	Person	
☐Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

	MA MARINE	
lan M. Johnston	Signidure of an abthorized person	
	Typed or printed name of signee	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

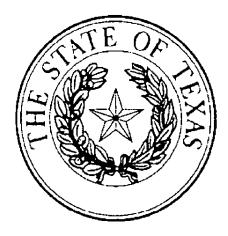
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Comenity Servicing LLC (file number 801689187), a Domestic Limited Liability Company (LLC), was filed in this office on November 27, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on April 11, 2024.



gave Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1353940140003

Phone: (512) 463-5555 Prepared by: SOS-WEB

ran; (512) 463-5 TID: 10264