

4/3/2019

Division of Corporations  
Florida Department of State  
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# FR000001653

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To: Division of Corporations  
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Account Number : 105256001620  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

### A+ Credit Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Fax Audit H190001104663

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. A+ Credit Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

CC Auditors, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri

(State or country under the law of which it is incorporated)

3. 51-0529138

(FEI number, if applicable)

4. 11/18/2004

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2016-A Swift, North Kansas City, Missouri 64116-3424

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

## 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mark Williams

Mark Williams, AVP, Business Filings Incorporated

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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## 11. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Donna Perkins

Address: 2016-A Swift, North Kansas City, Missouri 64116-3424

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Donna Perkins

Address: 2016-A Swift, North Kansas City, Missouri 64116-3424

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Donna Perkins

Address: 2016-A Swift, North Kansas City, Missouri 64116-3424

Treasurer: Donna Perkins

Address: 2016-A Swift, North Kansas City, Missouri 64116-3424

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §.817.155, F.S.

13. Donna Perkins, President

(Typed or printed name and capacity of person signing application)

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# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

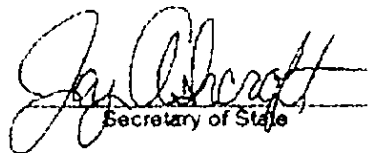
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

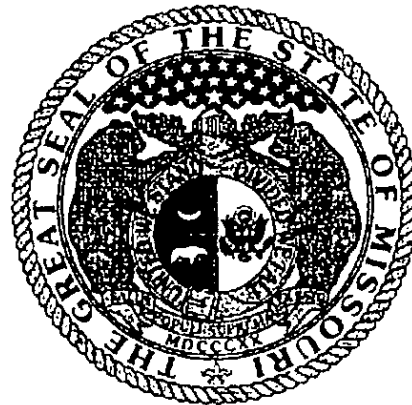
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*A+ Credit Solutions, Inc.*  
*00622688*

was created under the laws of this State on the 18th day of November, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of April, 2019.

  
Secretary of State



Certification Number: CERT-04032019-0076