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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: National Credit Care C	orporation			
	ation - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	Standing" and check are subm			
Please return all correspondence concerning this n	natter to the following:			
Lisa Pallister				
Nam	ne of Person			
National Credit Care Corporation	n			
	/Company			
1700 W. 100th Ave., #201	<u> </u>			
·	Address			
Thornton, CO 80260				
·	ate and Zip code			
lisa@nationalcreditcare.com	sed for future annual report no	tification		
·	·	diffeation)		
For further information concerning this matter, ple	ase call:			
Lisa Pallister	6 \ 505-6313	•		
Lisa Pallister Name of Person at (866) 595-6313 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	porations 32314	A TO TO NOISIAIC	
Enclosed is a check for the following amount:		7:5		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

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.

	dit Care Corporation			_	
(Enter name of	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp,")	ED,	"COMPANY," "CORPORATION,"		
mc., Co., C	Lorp, "the," 'Co," or "Corp,")				
(If name unavai	lable in Florida, enter alternate corporate na	me :	adopted for the purpose of transacting business in Florida)	<u> </u>	
2. CO		3.	11-3764740		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	-	
4. 12/10/2009		5.	perpetual		
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	-	
6,	Upon tiling				
			Florida, if prior to registration)	-	
			02, F.S., to determine penalty liability)		
7. 1700 W. 10	00th Ave., #201, Thornton, C			_	
	(Principal office a	ddr	ess)		
1700 W. 1	00th Ave., #201, Thornton,	C	O 80260		
	(Current mailing a	ddr	ess)	•	
4*4					
	ice organization				
(Purpose(s) of corporation authorized in home state or	COL	untry to be carried out in state of Florida)	2015	i I Ç
9. Name and street	et address of Florida registered agent: (F	.O.	Box NOT acceptable)	JIVISIUK CE C	35
Name:	InCorp Services, Inc.			2 6	: 771 35.
Name:	moorp services, mc.			- 9	
Office Address:	17888 67th Court North		<u> </u>		무
	Loxahatchee		, Florida 33470		j -
	(City)		(Zip code)	Λ 	. , -
	• • •		• • •	-	

10. 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.

(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Kyle Kolb 2010 NOV 17 AH 7: 57 Address: 6440 W. 98th Dr. Westminster, CO 80021 Vice Chairman: James Hay-Arthur Address: 11782 Tennyson Way Westminster, CO 80031 Director: Address: ___ Director: **B. OFFICERS** President: Kyle Kolb Address: 6440 W. 98th Dr. Westminster, CO 80021 Vice President: James Hay-Arthur Address: 11782 Tennyson Way Westminster, CO 80031 Secretary: _ Address: Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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 s.817.155, F.S. 14. Kyle Kolb - President (Typed or printed name and capacity of person signing application)



DEPARTMENT OF STATE

CERTIFICATE

I, BERNIE BUESCHER, SECRETARY OF STATE OF THE STATE OF

COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS

OFFICE,

NATIONAL CREDIT CARE CORPORATION (COLORADO CORPORATION)

BECAME INCORPORATED UPON FILING ARTICLES OF INCORPORATION DATED DECEMBER 10, 2009.

I FURTHER CERTIFY THAT SAID ENTITY HAS COMPLIED WITH ALL APPLICABLE REQUIREMENTS OF THIS OFFICE, AND IS IN GOOD STANDING WITH THIS OFFICE.

Dated: November 5, 2010

2010 NOV 17 AH 7: 5:

SECRETARY OF STATE