

6/19/2014

F/14000002673

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509) 768-2249
Fax Number : (855) 330-1010

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

Email Address: processing@llcagent.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Safe Credit Solutions Inc

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

FILED

14 JUN 20 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 20 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


06/23/14

**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. Safe Credit Solutions Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/29/2009 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 220 Old Country Rd 2 FI Mineola NY 11501
(Principal office address)
220 Old Country Rd 2 FI Mineola NY 11501
(Current mailing address)
8. Credit Repair Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: REGISTERED AGENTS INC.
Office Address: 3030 N. Rocky Point Dr, STE 150A
Tampa, Florida 33607
(City) (Zip code)
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)
Dan Keen - President

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Alex ChavezAddress: 220 Old Country Rd 2 FI Mineola NY 11501

Director: _____

Address: _____

B. OFFICERSPresident: Alex ChavezAddress: 220 Old Country Rd 2 FI Mineola NY 11501

Vice President: _____

Address: _____

Secretary: Alex ChavezAddress: 220 Old Country Rd 2 FI Mineola NY 11501Treasurer: Alex ChavezAddress: 220 Old Country Rd 2 FI Mineola NY 11501

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

13. _____

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. Alex Chavez--President

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SAFE CREDIT SOLUTIONS INC. was filed on 08/21/2009, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



201406190385 * MG

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 18th day of June
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

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ALBANY, NEW YORK