(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	ŀĽ
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



400272747174

400272747174 05/18/15--01051--004 **/0.00

15 HAY 18 PH 1:58

MD 5/20

COVER LETTER

	Filing Section on of Corporation	ıs		
SIBJECT:	SUNRISE	CREDIT SEI	RVICES,INC.	
000000000000000000000000000000000000000			n - must include suffix	
Dear Sir or M	adam:			
"Certificate of	f Existence," or "(Authorization to Transanding" and check are subsess in Florida.	
Please return i		concerning this matte	r to the following:	
		Name of	Person	
SUNRIS	SE CREDIT	SERVICES	INC	
		Firm/Con	npany	
260 AIR	PORT PLA	AZA		
FARMIN	IGDALE, N	Addr NY 11735	ess	
·		· · · · · · · · · · · · · · · · · · ·	and Zip code	
EBELL@		REDITSERVI		7.00
	E-ma	il address: (to be used	for future annual report r	notification)
For further inf	formation concern	ing this matter, please	cail:	
ELAINE	BELL	at (800	208-8565 ex	ct. 3007
Name	e of Person	Area	Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a	check for the follo	wing amount:		
\$70.00 Fili	_	3.75 Filing Fee & Cortificate of Status	3 \$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

	REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE (E CREDIT SERVICES, INC.	F PLORIDA.	댨 F
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"			晝
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	4.	ලා
		**************************************	<u></u>
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of tran	sacting business in Flor	ida)
NEW YO	RK 3, 11-2369271	Dr.	ශ්
		, if applicable)	
9-22-197	5 s. PEPETUAL		
	of incorporation) (Duration: Year corp. will ce	ase to exist or "perpetu	al")
upon	Approval		
	(Date first transacted business in Plorida, if prior to registration		
000 4/00	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty	liability)	
260 AIPP	ORT PLAZA FARMINGDALE, NY 11735		
	(Principal office address)		
PO BOX 9	100 FARMINGDALE, NY 11735		
	(Current mailing address)		
Name and store	t address of Florida majetared agents (P.O. Pay NOT accountable)		
. Name and <u>streg</u>	et address of Florida registered agent: (P.O. Box NOT acceptable)		
Name:	CT CORPORATION SYSTEM		
office Address:	1200 S PINE ISLAND RD		
-	PLANTATION Florida 33324		
	(City) (Zip code)		
laving been nam esignated in this urther agree to co	ent's acceptance: ed as registered agent and to accept service of process for the above application, I hereby accept the appointment as registered agent an omply with the provisions of all statutes relative to the proper and co amiliar with and accept the obligations of my position as registered	id agree to act in this omplete performance	capacii
	Jeffrey Kag Assistant Secr	an retary	

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: RICHARD A DOANE 260 AIRPORT PLAZA FARMINGDALE, NY 11735 Vice Chairman: ___ Address: DIANE DOANE 260 AIRPORT PLAZA FARMINGDALE, NY 11735 DAVID DURYEA 260 AIRPORT PLAZA FARMINGDALE, NY 11735 B. OFFICERS RICHARD G. DOANE 260 AIRPORT PLAZA FARMINGDALE, NY 11735 Vice President: Address: DIANE DOANE Address: 260 AIRPORT PLAZA FARMINGDALE, NY 11735 Treasurer: DIANE DOANE Address: 260 AIRPORT PLAZA FARMINGDALE, NY 11735 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.

13. Diane Doane CEO/SEC/Trossurer/Bir
(Typed or printed name and capacity of person signing application)



260 Airport Plaza • Farmingdale, NY 11735

MEMBER ACA INTERNATIONAL The Assentation of Civille and Collector Production

1-800-208-8565 FAX 631-501-8529

ADDITIONAL DIRECTORS

Joseph Vassar 260 Airport Plaza Farmingdale, NY 11735

Benjamin Carroccio 260 Airport Plaza Farmingdale, NY 11735

ADDITIONAL OFFICERS

CEO: Diane Doane

260 Airport Plaza Farmingdale, NY 11735

EVP of Sales: Joseph Vassar

260 Airport Plaza Farmingdale, NY 11735

EVP of Collections: David Duryea

260 Airport Plaza Farmingdale, NY 11735

VP General Counsel: Benjamin Carroccio 260 Airport Plaza Farmingdale, NY 11735



State of New York Department of State

} **ss:**

I hereby certify, that the Certificate of Incorporation of SUNRISE CREDIT SERVICES INC. was filed on 09/22/1975, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of May two thousand and fifteen.

Courting Scardina

Anthony Giardina Executive Deputy Secretary of State

201505140446 * 30