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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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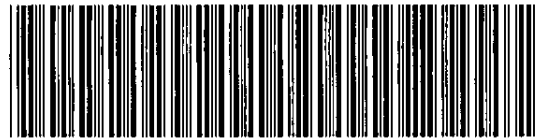
(Business Entity Name)

(Document Number)

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JAN 14 2016

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 953303 8079124

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : January 11, 2016

ORDER TIME : 5:54 PM

ORDER NO. : 953303-010

CUSTOMER NO: 8079124

FOREIGN FILINGS

NAME: MCDANIELS CREDIT SERVICES INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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.*

McDaniels Credit Services Inc.

1. _____
(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)

DE

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

01/11/2016

Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

upon filing

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

2336 Fox Hollow Drive, Titusville, FL 32796

7. _____
(Principal office address)

PO Box 1666 Titusville, FL 32781

(Current mailing address, if different)

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

Name: Louis McDaniels

Office Address: 2336 Fox Hollow Drive

Titusville, _____, Florida 32781
(City) (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.

By: _____

Louis McDaniels
(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: Louis McDaniels

Address: 2336 Fox Hollow Drive, Titusville, FL 32796

Vice Chairman: Louis McDaniels

Address: 2336 Fox Hollow Drive, Titusville, FL 32796

Director: Louis McDaniels

Address: 2336 Fox Hollow Drive, Titusville, FL 32796

Director: _____

Address: _____

B. OFFICERS

President: Louis McDaniels

Address: 2336 Fox Hollow Drive, Titusville, FL 32796

Vice President: Louis McDaniels

Address: 2336 Fox Hollow Drive, Titusville, FL 32796

Secretary: Louis McDaniels

Address: 2336 Fox Hollow Drive, Titusville, FL 32796

Treasurer: Louis McDaniels

Address: 2336 Fox Hollow Drive, Titusville, FL 32796

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 s.817.155, F.S.

13. Louis McDaniels, President

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

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCDANIELS CREDIT SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCDANIELS CREDIT SERVICES INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5933425 8300

SR# 20160172031

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 201657511

Date: 01-12-16