

F16000002224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

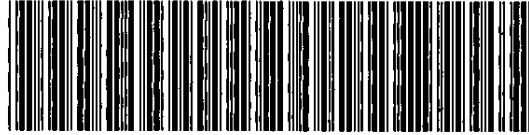
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 13 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Float Credit, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joel Tashjian

_____	Name of Person
Float	
_____	Firm/Company
1680 Vine Street, Suite 900	
_____	Address
Los Angeles, CA 90028	
_____	City/State and Zip code
joel@hellofloat.com	

E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Joel Tashjian	916	708 9515
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.*

1. Float Credit, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- The Float Credit Network
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware, USA 3. 81-1928561
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 18, 2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. No business transacted in Florida prior to registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1680 Vine Street, Suite 900, Los Angeles, CA 90028
(Principal office address)
- Same as principal office
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: United States Corporation Agents, Inc.
- Office Address: 13302 Winding Oak Court, Suite A
- Tampa 33612
(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.



Cheyenne Moseley, Asst. Secretary

(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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16 MAY 13 PM 3:39
STATE OF FLORIDA
TALLAHASSEE

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

A. DIRECTORS

Chairman: Max Klein
Address: 1680 Vine Street, Suite 900
Los Angeles, CA 90028

Vice Chairman: Kevin Bass
Address: 1680 Vine Street, Suite 900
Los Angeles, CA 90028

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Max Klein
Address: 1680 Vine Street, Suite 900
Los Angeles, CA 90028

Vice President: Kevin Bass
Address: 1680 Vine Street, Suite 900
Los Angeles, CA 90028


Secretary: Joel Tashjian
Address: 1680 Vine Street, Suite 900, Los Angeles, CA 90028

Treasurer: Kevin Bass
Address: 1680 Vine Street, Suite 900, Los Angeles, CA 90028

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. Joel Tashjian  _____
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FLOAT CREDIT, 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 THIRTIETH DAY OF MARCH, A.D. 2016.


FILED
10 MAY 13 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5992333 8300

SR# 20161915728

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202055298

Date: 03-30-16