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SECRETARY OF STATE ALLAHASSEE, FLORID

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COVER LETTER

TO:	Registration Sectorial Division of Corp						
cimi	rezer.		Securit	у Сге	lit Systems, Inc.		
20B1	ECT:	Name	of corporat	ion - n	ust include suffix		
Dear S	Sir or Madam:						
"Certi	nclosed "Application ficate of Existence referenced foreign	," or "Certificate	e of Good S	itandir	ig" and check are sub-	et Business in Florida," mitted to register the	
Please	return all correspo	ondence concern	ing this ma	tter to	the following:		
			Jourda	n Cer	rillo		
			Name	of Per	son		
			DoMyLLC	C.com	, LLC		
			Firm/C	ompa	ny		
		57	16 Corsa A	ve.	Suite 110		
		<u> </u>	Ac	idress			
		Westi	ake Village	e, CA	91362-7354		
			City/Stat	e and	Zip code		
			mpliance(-			
		E-mail addres	s: (to be us	ed for	future annual report r	notification)	
For fu	rther information (concerning this	natter, plea	se call	:		
ourdan Cernilo, obo DoMyLLC.com, LLC		818 at (1	264-4266			
	Name of Persor	. <u>. </u>	Area (Codc	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle				Ro Di P.		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	Tallahassee, FL	32301					
Enclo	sed is a check for t	he following am	iount:				
□ \$7	- 0.00 Filing Fee	S78.75 Filia Certificate			378.75 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.

(Enter name of co "Inc.," "Co.," "Co	propartion; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail)	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)
New York		16-1204771	
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)
07/20/1983		Perpetual	
(Date	of incorporation)	(Date of duration, if other tha	an perpetual)
Upon Filing	•		
100 Piver Po	(SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02. F.S., to determine penalty liability)
100 River Ro	(SEE SECTIONS 607.1501 & 607.15 ck Drive, Suite 200 Buffalo, NY 14207 (Princip	02. F.S., to determine penalty hability, all office address)	
	(SEE SECTIONS 607.1501 & 607.15 ck Drive, Suite 200 Buffalo, NY 14207 (Princip (Current mailing and address of Florida registered agent: (P.C.) InCorp Services, Inc.	02. F.S., to determine penalty hability, all office address)	2019 JAN - 2 PM SECRETARY OF FALLAHASSEE, F
Name and stree Name:	(SEE SECTIONS 607.1501 & 607.15 ck Drive, Suite 200 Buffalo, NY 14207 (Princip (Current mailin	02. F.S., to determine penalty hability, all office address) og address, if different) O. Box NOT acceptable)	SECRETARY OF STA
Name and stree	(SEE SECTIONS 607.1501 & 607.15 ck Drive, Suite 200 Buffalo, NY 14207 (Princip (Current mailing and address of Florida registered agent: (P.C.) InCorp Services, Inc.	02. F.S., to determine penalty hability, all office address)	2019 JAN -2 PM SECRETARY OF S FALLAHASSEE, FI

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.

Steven Pickett, Assistant Secretary, on behalf of Incorp Services, Inc.

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Angelo Travale Chairman: 100 River Rock Drive, Suite 200 Buffalo, NY 14207 Vice Chairman: Director: ___ Richard Coughlin 100 River Rock Drive, Suite 200 Buffalo, NY 14207 Director: **B. OFFICERS** Angelo Travale President: 100 River Rock Drive, Suite 200 Buffalo, NY-14207 Address: _ Richard Coughlin Vice President: 100 River Rock Drive, Suite 200 Buffalo, NY 14207 Address: Richard Coughlin 100 River Rock Drive, Suite 200 Buffalo, NY 14207 Address: Richard Coughlin Treasurer: 100 River Rock Drive, Suite 200 Buffalo, NY 14207 Address: NOTE: If necessary, you may attachyan addendumnto 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 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 \$.817.155, F.S. 13. Angelo Travale, 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 SECURITY CREDIT SYSTEMS, INC. was filed on 07/20/1983, 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 18th day of December two thousand and eighteen.

Whitney Clark

Deputy Secretary of State

Who trung Clark