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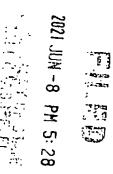
(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	tration Section on of Corporations				
SUBJECT:	WE FIX YOUR CREDIT IN	IC.			
SCHOLCI.	Name	of corporation -	must include suffix		
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to t	of Good Stand	ing" and check are subm		
Please return a	all correspondence concern	ing this matter t	o the following:		
Brooke Typer					
Entrepreneur S	uccess, Inc.	Name of Po	erson	2021	_
		Firm/Comp	any		17
4204 E Lake C	hapin Road	·		÷ •	222.000
Berrien Springs	s, MI 49103	Addres	S	PH 5:	
brooke@entsuc	ccess.com	City/State and	d Zip code	:28	
	E-mail address	s: (to be used fo	r future annual report not	ification)	
For further inf	ormation concerning this n	natter, please cal	II:		
Brooke Typer		at (357-7974		
Name	e of Person	Area Code	Daytime Telepho	ne Number	
Regist Divisi The C 2415 ì	ET/COURIER ADDRES Iration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 lassee, FL 32303		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	
	check for the following ame eck payable to: FLORIDA D ng Fee	EPARTMENT O		\$87.50 Filing Fee Certificate of Sta 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. WE FIX YOUR CREDIT 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) 3. 45-2422199 Illinois (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1500 Ravinia Pl., Ste. 2, Orland Park, IL 60462 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Adam Ziniewicz Name: 510 Royal Troon Loop Office Address: Davenport (City) 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. 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS	Kristine Lucia	□ Chairman	Name:
□ Chairman	Name:1500 Ravinia Pl. Ste. 2 Address:	-	Address:
	Address:Orland Park, IL 60462	•	
□ Director		Director	
President		President	
□Vice President		Vice President	
Secretary	☐ Treasurer	Secretary	☐ Treasurer
□ Other	Other		00ber
Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	Vice Chairman	Address:
Director		Director	
□ President		President	
□Vice President		□ Vice President	
Secretary	☐ Treasurer	Secretary	☐Treasurer
Other			Other
□ Chairman	Name:	□ Chairman	Name:
	Address:		Address
DDirector -	,	Director	
□ President		☐ ☐ President	•
_			
□Vice President □Secretary	☐ Treasurer	☐ Vice President ☐ Secretary	☐ Treassurer
_		Other	□ Other
Important Notice; individuals may be	Use an attachment to report more than six (6)	. The attachment will be image	ed for reporting purposes only. No
12.	Signature of 1	Director or Officer	

File Number

6795-120-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

WE FIX YOUR CREDIT INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 26, 2011, APPEARS TO HAVE COMPLIED WITH ALLEHE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF LILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH

day of

MAY

A.D. 2021

Authentication #: 2114003810 verifiable until 05/20/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE