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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Suburban	Credit Corporation				
	Name of	f corporation -	must include suffix		
Dear Sir or Madam:					
The enclosed "Applicati "Certificate of Existence above referenced foreign	e," or "Certificate o	of Good Stand	ing" and check are sub		
Please return all corresp	ondence concernin	g this matter t	o the following:		
Meredith Walters					
		Name of Pe	erson		
Suburban Credit Corporati	on				
		Firm/Comp	any		
9755 Dogwood Rd., Suite	150				
	_	Addres	S		
Roswell, GA 30075					
-	•	City/State and	l Zip code		
mwalters@cornerstonesup	port.com				
	E-mail address:	(to be used fo	r future annual report n	otification)	
For further information	concerning this ma	tter, please cal	ll:		
Meredith Walters		678	680-6080		
Name of Persor	1	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the Please make check payable \$70.00 Filing Fee		PARTMENT (Fee &	OF STATE \$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

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.

(If name unavail	able in Florida, enter alternate corporate name ad		business in Florida)	•
2. Virginia	٤٠	(FEI number, if applicable)		-
`	y under the law of which it is incorporated)	(FEI number, if app	neadie)	
4	5	(Date of duration, if other th	an pernetual)	-
(Date	of incorporation)	(Date of duration, it office th	ati perpetuari	
6	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		·)	-
7. 142 Franconia Ro	ad Alexandria, VA 22310			_
PO Box 30640 A	(Principal office lexandria, VA 22310	street address)		
	(Current mailing	address, if different)		
B. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. l Corporation Service Company	Box <u>NOT</u> acceptable)	2022 HAY -3 SECELLES FALL KHASS	- <u>Y</u>
Office Address:	1201 Hays Street			1
office Address.	Tallahassee	, Florida	PM 5: 19	
	(City)	(Zip code)	듯~ 9	
	nt's acceptance: ed as registered agent and to accept service application. I hereby accept the appointmen	it as registered agent and agree	to act in this capac	city. I
Having been nam lesignated in this further agree to co	omply with the provisions of all statutes relawith and accept the obligations of my positi	tive to the proper and complete.	<i>performance of my</i>	v au

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.

A. DIRECTORS				
□Chairman	Joey Nichols Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Alexandria, VA 22310	Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Marc Carter	□ Chairman	Name:	
	6142 Franconia Road	□Vice Chairman		
Director	Alexandria, VA 22310	Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
Other		Other		□Other
				LIONICI
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	☐Treasurer	□Secretary		□Treasurer
Other	Other	Other		□Other
Important Notice: Usindividuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	e attachment will be imaged artment of State Annual Rep	l for reporting poort form.	purposes only. Non-indexed
		.		
	Signature of Direct	or Officer		
The officer or direc she is aware that fol s.817.155, F.S.	tor signing this document (and who is listed in mose information submitted in a document to the D	epartment of State constituti	it the facts state es a third degre	ed herein are true and that he or see felony as provided for in
13	(Typed or printed name and capacity of	1CN person signing application)		

Commonwalth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That SUBURBAN CREDIT CORPORATION is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on November 22, 1960;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 19, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022041917193764