F9900005214

Qualification/Tax Lien Section

To:

Division of Corporations		. - :	
SUBJECT: United Credit S	4stems, In	<u></u>	
	n - must include suffix)	**************************************	
D 6: W 1			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for a "Certificate of Existence", and check are submitted to reto transact business in Florida.			
Please return all correspondence concerning this matter Shivley D. Lett (Name of Wited Wedit S (Firm/Con 450) Wile 75 PK (Addr Atlanta, GA. (City/State	Person) 945+ems, Inc. npany) 144 F6165 ess) 30339	FILED 99 OCT 12 PM 1: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
4000030124644 -10/12/9901032003			
Should you need to call someone concerning this matter	r, please call:	****78.75 *****78.75	
Shirley D. Lett at (770, 953-4187 (Area Code & Daytime Telephone Number)			
STREET ADDRESS:	MAILING ADDRESS:		
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	tio <u>n</u>	
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee \$\frac{1}{2}\$\$ \$78.75 Filing Fee & □ Certificate of Status	\$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

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	LD 10
United Credit Systems, Inc.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	<u> </u>
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a	
natural person or partnership if not so contained in the name at present.)	
2. (State or country under the law of which it is incorporated) 3. 58-1820376 (FEI number, if applicable)	·
(State or country under the law of which it is incorporated) (FEI number, if applicable)	-
4. 12/22/1988 5. Per Retual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetua	1")
6. N/A	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 4501 Circle 75 PKmy F6165	<u></u> - j-4.
Atlanta, Georgia 30339	. <u>-</u> -
(Current mailing address)	
	•=
8. Collection Agency Activities = Eg	99
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
A DESCRIPTION OF THE PROPERTY OF THE PROPERTY NOT DOUBLE TO THE PROPERTY NO	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptant	
Name: DarCova King	≅ 🖁
1/100 1/1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	***
Office Address: 1420 New Bellevine Ave # 1716	55
Day Jon 4, Beach, Florida, 32/14	
(Zip code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the p	olace 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 familia	ar with and accept
the obligations of my position as registered agent.	
XXUIUUUU AXII	
(Registered agent's signature)	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicant	tion to the
Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction	on under the law of
which it is incorporated. See attached "A"	

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: N A	
Address:	<u> </u>
Vice Chairman:	
Address:	:
Director:	<u> </u>
Address:	· · · · · · · · · · · · · · · · · · ·
Director: N/X	
Address:	· - 李
B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Shirley D. Lett Address: How N. St. Marys Lane Warietta, Georgia 30064 Vice President: NA Address: Secretary: SAA Address:	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Treasurer: SATA Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	
14. Shirley D. Lett President (Typed or printed name and capacity of person signing applicat	ion) =

Attachment"A

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K92150060
CONTROL NUMBER : J900140
DATE INC/AUTH/FILED: 12/22/1988
JURISDICTION : GEORGIA
PRINT DATE : 08/03/1999

FORM NUMBER : 211

GREGORY DANIELS
UNITED CREDIT SYSTEMS, INC.
4501 CIRCLE 75 PKWY. STE. F-6165
ATLANTA, GA 30339

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgian do hereby certify under the seal of my office that

UNITED CREDIT SYSTEMS, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State