# 113000004955

(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500248543875

08/02/13--01027--006 \*\*55.00

06/04/13--01017--003 \*\*70.00

13 AUG-1 PM 5: 18

We office

### **COVER LETTER**

	stration Section sion of Corporations						
SUBJECT:	Credit Fire	st, LLC					お記
		Name	e of Limi	ted Liability Con	npany		
The enclosed Existence, an	"Application by Fore d check are submitted	eign Limited Liabili I to register the abo	ty Comp ve refere	any for Authorizenced foreign limit	ation to Trai	nsact Business in Flo company to transact	rida," Certifica business in Fl
Please return	all correspondence co	oncerning this matte	er to the	following:			10 M
	Stephar	nie Jenkii	ns				<b>G</b>
			Nai	me of Person			
	Credit F	irst, LLC					
			Fin	m/Company			
	PO Box	812					
		<u>-</u>		Address			
	Prospec	ct, KY 40	059				
	<del></del>		City/Sta	nte and Zip Code			
	stephan	ie@ckcp	ay.c	om			
	•	E-mail address: (to	•		report notif	ication)	<del></del>
For further in	formation concerning	this matter, please	call:				
· C	asey Jenk	kins		<sub>at</sub> 270	<sub>.</sub> 401	-3898	
	Name o	of Person	Area	Code & Daytime	Telephone	Number	
Divi Reg P.O.	ision of Corporations istration Section Box 6327 ahassee, FL 32314		Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Cossee, FL 32301			
	s a check for the for 125.00 Filing Fee	ollowing amoun  \$\square\$ \$130.00 \text{ Filing}  Certificate of \$S\$	Fee &	□ \$155.00 Fili Certified C		□ \$160.00 Filing For Status & Cer	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alternate of the managers of managing members adopting the alternate of the managers of managing members adopting the alternate of the managers of managers of the			
Company," "L.L.C," "LLC.")			•
	76-0770997		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applica	ble)	
4. 08/20/2002	Perpetual		
(Date of Organization)	(Duration: Year limited liability con exist or "perpetual")	npany will cease to	
	exist of perpetual j	<u> </u>	
6. (Date first transacted business in Flo	orida, if prior to registration.)		
(See sections 608.501 & 608.502 F.S.	to determine penalty liability)	क्षित्र <b>()</b>	7 (\$74) (
7. 10605 Meeting St, #406, Prosp	pect, KY 40057	in -	
			Habatimer.
(Street Address	of Principal Office)	<u> </u>	( <sub>( 144</sub> )
8. If limited liability company is a manager-managed	company, check here		
9. The name and usual business addresses of the mana	aging members or managers are a	s follows:	
Stephanie Jenkins, 10605 Meeting St,	#406, Prospect, KY 40059	)	
Casey Jenkins, 87401 Old Hwy #33, Is	lamorada, FL 33036		
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under oath of the translator must be sub-	py is not acceptable. If the certificate is in imitted.)	a foreign language, a	cords
11. Nature of business or purposes to be conducted or	r promoted in Florida: Collec	tions	,
	<b>5</b> ,		
<del></del>			
Signature of a member of an aut (In accordance with section 608.408(3), F.S., the exec	<del>-</del>		

Typed or printed name of signee

Casey R Jenkins

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The	name o	of the	Limited	Liability	Compan	v is:
• •	1	*******	,	1211111100		COLLIDATI	<i>,</i>

## Credit First, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Casey	RJ	lenkins
-------	----	---------

(Name)

# 87401 Old Hwy #33

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Islamorada

<sub>Er</sub> 33036

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number: 139283

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### CREDIT FIRST, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 20, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27<sup>th</sup> day of May, 2013, in the 221<sup>st</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

139283/0542968