m18000001238

(Re	equestor's Name)	·····
	. ,	
(Ac	ldress)	
(Ac	idress)	
	ty/State/Zip/Phone	<u>, #)</u>
		MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
	0	- Channe
Certified Copies	_ Centilicates	
Special Instructions to	Filing Officer	
Special instructions to	Filling Onicer.	
	Office Use On	lv







S. WARREN FEB 0 6 2018

file Second

£

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

.

٠,

			ACCOUNT NO.	:	1200000019	95	
			REFERENCE	:	057770	7978217	
			AUTHORIZATION	:	Goulde	man	
			COST LIMIT	:	\$ 125.00		
ORDER	DATE	:	February 5, 2018				
ORDER	TIME	:	10:25 AM				

- ORDER NO. : 057770-030
- CUSTOMER NO: 7978217

FOREIGN FILINGS

NAME: NATIONAL CREDIT CENTER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED COPY
XX	PLAIN STAMPED COPY
	CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

		CO	VER LETTER			
	tration Section ion of Corporatio	ns				
SUBJECT:	lational Credit Cer	iter, LLC				
SUBJECT: _	<u> </u>	Name of	Limited Liability (Company		
		reign Limited Liability Comp ed to register the above refere				
Please return a	ll correspondence	concerning this matter to the	following:			
	Jennifer Boyd-	Tolf				
		N	ame of Person			
	SNH, Inc.					
		Fi	irm/Company			
-	1980 Festival I	Plaza Dr., Suite 930				
			Address			
	Las Vegas, NV	89135				
	<u>.</u>	City/S	tate and Zip Code			
	jbtolf@snhinc.co	om				
		E-mail address: (to be used	d for future annual	l report not	ification)	
For further inf	ormation concernir	g this matter, please call:				
Jenni	fer Boyd-Tolf		702 at (757-272	25	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	heck for the follow 25.00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy		□ \$160.00 Filing Fee, Cer of Status & Certified Copy	

٠

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

. •

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

National Credit Center,			
(Name of Foreign	Limited Liability Company, must include "Limited	d Liability Company," "L.L.C.," or "LLC	.")
n/a			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited I	Liability Company," "L.I., C," or "LLC.")
2. DE		3 77-0531325	
2	hich foreign lumited liability company is organized)		unber, if applicable)
4. 12/26/17			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration) ne penalty liability)	
5 7373 Peak Dr		6. 1980 Festival Plaza Dr.,	Suite 930
Street Address of H	Principal Office)	0(Mailing A	(detress)
Las Vegas, NV 89128		Las Vegas, NV 89135	
•	· · · · · · · · · · · · · · · · · · ·		₩ 2
		· _	
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	
N.T.	Corporation Service Company		See of m
Name:			
Office Address:	1201 Hays Street		
	Tallahassee	, Florida <u>32301</u>	29
n	(City)	(7.ip)	code)
Registered agent's accep	nance: gistered agent and to accept service of f	process for the above stated limit	ed lightline company at the place
	tion, I hereby accept the appointment a		
	ions of all statutes relative to the proper		
	s of my position as registered agent.		Roxanne Turner
	Corporation Service Company	\frown	Asst. Vice President
	By: Ctoto (Registered agent's		
	(REBREIGE agen 3	signature)	
8. The name, title or capa	acity and address of the person(s) who ha	s/have authority to manage is/are	:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
See attached			
		-	
		_	
	· · · · · · · · · · · · · · · · · · ·		
		-	
(Lico attachments if man	5271)		
(Use attachments if neces	sar y j		
9 Attached is a certificate	of existence, no more than 90 days old.	duly authenticated by the official	having custody of records in the

of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ubmitted in a document to the Department of State constitutes athird degree felony as provided for in s.817.155, F.S.

urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath

Signature of an authorized person

Alan W. Faigin, Gen Counsel/Secretary

Typed or printed name of signee

Attachment for:

Florida Application by Foreign LLC for Authorization to Transact Business National Credit Center, LLC

Managers:

•

.

.

Jevin G. Sackett 1980 Festival Plaza Dr., Suite 930 Las Vegas, NV 89135

John Bauer 1980 Festival Plaza Dr., Suite 930 Las Vegas, NV 89135

Ajit Habbu 1980 Festival Plaza Dr., Suite 930 Las Vegas, NV 89135

Jeff Hellinga 1980 Festival Plaza Dr., Suite 930 Las Vegas, NV 89135

> FILED 18 FEB -S AH II: 29 SELECTARI OF STATE IATT AMASSEE FLORID



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL CREDIT CENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL CREDIT CENTER, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5358601 8300 SR# 20180717900

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. But of State

Authentication: 202089721 Date: 02-05-18