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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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K. SALY APR 3 0 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 180439 4328353

AUTHORIZATION

COST LIMIT : / 125.00

ORDER DATE : April 25, 2018

ORDER TIME : 2:35 PM

ORDER NO. : 180439-020

CUSTOMER NO: 4328353

FOREIGN FILINGS

NAME: ACCREDITED DEBT RELIEF, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

TO:

Registration Section Division of Corporations

COVER LETTER

	Name	of Limited Liability Compar	ıy
The enclosed "Applicati Existence, and check are	on by Foreign Limited Liability Co submitted to register the above re	ompany for Authorization to ferenced foreign limited liab	Transact Business in Florida," Certific ility company to transact business in F
Please return all corresp	ondence concerning this matter to t	the following:	
	n Syndergaard	-	
		Name of Person	1911
Accre	dited Debt Relief , LLC		
		Firm/Company	
		Address	
591 C:	imino de la Reina, suite 818 , San I	Diego CA 92108	
	City	State and Zip Code	
shawn@	acrelief.com		
	E-mail address: (to be us	ed for future annual report ne	otification)
er further information co	neerning this matter, please call:		·
Shawn Synderge	uard	619 99219	37
	Name of Cortact Person		ytime Telephone Number
MAILING ADD Division of Corpo Registration Sect	prations	Division	T ADDRESS: of Corporations
P.O. Box 6327		Registra Clifton F	tion Section Building
Tallahassec, FL 3	2314	2661 Ex	ecutive Center Circle see, FL 32301
closed is a about C	following amount:		
S125.00 Filing	Fee ☐ \$130.00 Filing Fee &		

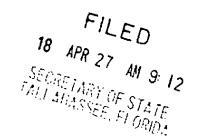
866-454-0128

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Accredited Debt Relief , LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida, The alternate name must include "Limited Liebility Company," "L.L.C." or "LLC.") (Janselection under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Flonda, if prior to registration,) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 591 Camino de la Reina, suite 818 : 108 6. 591 Camino de la Reina, suite 818 (Stree: Address of Principal Office) (Mailing Address) San Diego CA 92108 San Diego CA 92108 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassec __ , Florida <u>_</u> 32301 Registered agent's acceptance: 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 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. Corporation Service Company 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Shawn Syndergaard Manager Benjamin Schwan 591 Camino de la Reina, # 818 591 Camino de la Reina, # 818 San Diego CA 92108 San Diego CA 92108 Manager Brian Stone 591 Camino de la Reina, # 818 San Diego CA 92108 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME: ACCREDITED DEBT RELIEF, LLC

FILE NUMBER:

201100310151

FORMATION DATE:

01/01/2011 DOMESTIC LIMITED LIABILITY COMPANY

TYPE:
JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 25, 2018.

ALEX PADILLA Secretary of State