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Account Name : NASON, YEAGER, GERSON, VHITE & LICCE, P.A.

Account Number : 073222003575 chone : (561)466-3307 : (561)230-1590 Cax Number

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## Foreign Limited Liability Company Credit Platform Group Services, LLC

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MAY 23 2018

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. Credit Platform Group Services, 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 Fluxish. The absentite name must include "Linsted Liability Congress," "L.L.C." or "L.L.C.") 2 Delaware (Jurisdiction under the 12w of which foreign limited flability company is organized) (FEI number, il applicable (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine punalty liability.) 1 South Ocean Blvd., Suite 306 T South Ocean Blvd., Suite 306 (Street Address of Principal Offices (Mailey Address) Boca Raton, Florida 33432 Boca Raton, Florida 33432 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Brian C. Hickey Name: 3001 PGA Blvd., Suite 305 Office Address: , Florida  $\frac{33408}{}$ Palm Beach Gardens (City) 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: CEO Edward Mullen I South Ocean Blvd., Ste 306 Boca Raton, Florida 3343 (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 curifyitates a third degree felony as provided for in \$.817.155, F.S. higherative of an authorized person

Typed in printed name of sign. .

Brian C. Hickey, Authorized Representative

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CREDIT PLATFORM GROUP SERVICES, 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 TWENTY-SECOND DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREDIT PLATFORM GROUP SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2018.

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

 $C_{i}^{*}$ 

18 MAY 22 AM 8: 4: SUGHERARY OF STATE

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Authentication: 202745117

Date: 05-22-18

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SR# 20184149241

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