

M18000005077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Debbie Dawson gave
permission to remove
"PA" from RA name
sta Jfh

Office Use Only



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05/24/18--01025--006 **125.00

2018 MAY 29 PH 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Jfh 5/29

R.A must be active

M180000501841



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2018

KNOWLAND DAWSON
1111 NORTH ORANGE AVE, SUITE 800
ORLANDO, FL 32801 US

SUBJECT: CREDIGO, LLC
Ref. Number: W18000050184

We have received your document for CREDIGO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 618A00011016

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:

1. CREDIGO, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WYOMING 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable,

4. _____
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 NORTH ORANGE AVENUE
(Street Address of Principal Office)
SUITE 800
ORLANDO, FL 32801

6. 111 NORTH ORANGE AVENUE
(Mailing Address)
SUITE 800
ORLANDO, FL 32801

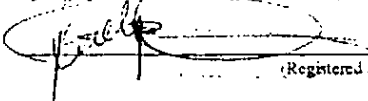
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DEBBIE DAWSON

Office Address: 111 NORTH ORANGE AVENUE, SUITE 800
ORLANDO, FL 32801, Florida 32801
(City) (Zip code)

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)

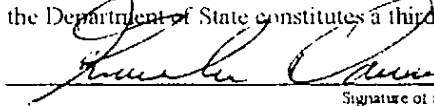
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MM/PRESIDENT</u>	<u>KNOWLAN DAWSON</u> <u>111 N Orange Ave, Suite 800</u> <u>Orlando, FL 32801</u>	<u>MM/VP</u>	<u>DEBBIE DAWSON</u> <u>111 N Orange Ave, Suite 800</u> <u>Orlando, FL 32801</u>
_____	_____	_____	_____
_____	_____	_____	_____

(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 s.817.155, F.S.


Signature of an authorized person

KNOWLAN DAWSON
Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

CREDIGO, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 4, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000675125**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of May, 2018 at 4:42 PM. This certificate is assigned 026534830.



Edward A. Buchanan
Secretary of State