Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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:
(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 Liability Company," "L.L.C." or "LLC.")
2. LOUISIANA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 83-123651 (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
106 Richer Ct. LAPlace, LA 70068 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
2840 6w 179th are miami Fl 33175
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person (In accordance with section 605,003, F.S., the execution of this document constitutes an affirmation under the penaltics of prajury that the facts stated herein are true am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.)
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 of the Limited Liability Company is:	THE THE
National Money Service	
If unavailable, the alternate to be used in the state of Florida is:	PH 4: 22 OF STATE
2. The name and the Florida street address of the registered agent and offi	ce are
Ryan Courierrez	
2840 Su 129th Ave Miomi,	FI 33175
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
FL 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 605, Florida Statutes.

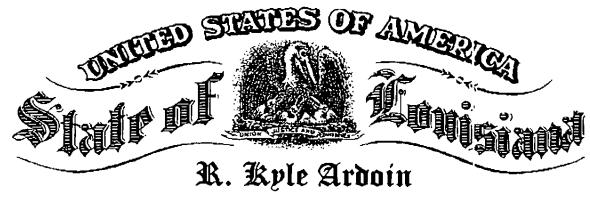
(Signature)

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5,00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby E

NATIONAL MONEY SERVICE, LLC

A limited liability company domiciled in LAPLACE, LOUISIANA,

Filed charter and qualified to do business in this State on July 17, 2018,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 18, 2019

R 12fe 162 Secretary of State

Weh 43130378K



Certificate ID: 11098939#CFT93

To validate this certificate, visit the following web site, go to Business Services, Search for Louislana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

850-617-6381

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July 22, 2019

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: NATIONAL MONEY SERVICE LLC

REF: W19000066714

2019 JUL 22 PH 4: 22
SECRITARY OF STATE
ASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return 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.

FAX Aud. #: #19000218562 Letter Number: 919A00014856

Yvette Scott Document Specialist II