

M200000009a6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

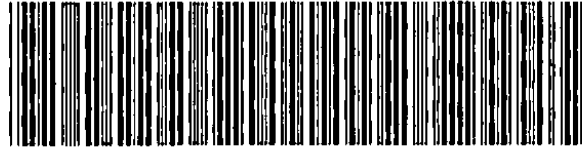
(Document Number)

Copies _____ Certificates of Status _____

al Instructions to Filing Officer:

Office Use Only

W20-476



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12/02/19--01012--021 **130.00

FILED
2020 JAN 24 P 2:07
CLERK OF SUPERIOR COURT
TALAHASSEE, FLORIDA

JAN 24 2021
T. LEMIEUX

COVER LETTER

**Registration Section
Division of Corporations**

Re: iCreditWorks LLC
Name of Limited Liability Company

Enclosed is a check for the following amount: \$125.00 Filing Fee
Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status
Enclosed is a check for the following amount: \$155.00 Filing Fee & Certified Copy
Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy

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Enclosed is a check for the following amount: \$155.00 Filing Fee & Certified Copy
Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy

Jennifer Doll
Name of Person

McGlinchey Stafford PLLC
Firm/Company

601 Poydras Street
Address

New Orleans, Louisiana 70130
City/State and Zip Code

mark.alexander@icreditworks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Doll 504 654-1239
Name of Contact Person Area Code Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2020

JENNIFER DOLL
11 POYDRAS ST
NEW ORLEANS, LA 70130

SUBJECT: ICREDIT WORKS LLC
Ref. Number: W20000000476

We have received your document for ICREDIT WORKS LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (504) 245-6050.

Lacy L Lemieux
Regulatory Specialist II

Letter Number: 120A00000166

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:*

ditWorks LLC

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

If 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."

Ware 83-2944753

3.

(FEI number, if applicable)

(Jurisdiction under the law of which foreign limited liability company is organized)

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

100 Wyckoff Avenue

(Street Address of Principal Office)

6.

1000 Wyckoff Avenue

(Mailing Address)

Mahwah, NJ 07430

Mahwah, NJ 07430

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee, FL

(City)

Florida

32301

(Zip Code)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2020 JAN 24 P 2 07

FILED

Registered agent's acceptance:

I, 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.

Deb Reeves
Assistant Vice President

(Registered agent's signature)

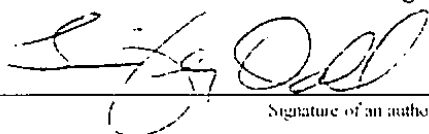
initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to up to six (6) total]:

<u>Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
ger	Name: <u>Mark Alexander</u>	<input type="checkbox"/> Manager	Name: _____
er	Address: <u>1000 Wyckoff Avenue</u>	<input type="checkbox"/> Member	Address: _____
orized	<u>Mahwah, NJ 07430</u>	<input type="checkbox"/> Authorized	_____
n	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
ger	Name: _____	<input type="checkbox"/> Manager	Name: _____
er	Address: _____	<input type="checkbox"/> Member	Address: _____
orized	_____	<input type="checkbox"/> Authorized	_____
n	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
ger	Name: _____	<input type="checkbox"/> Manager	Name: _____
er	Address: _____	<input type="checkbox"/> Member	Address: _____
orized	_____	<input type="checkbox"/> Authorized	_____
n	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

at Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

ed is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the on under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath nslator must be submitted)

document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information D 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

Jennifer Doll, Paralegal/Authorized Representative/ McGlinchey Stafford PLLC

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ICREDITWORKS 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-SEVENTH DAY OF DECEMBER, A.D. 2019.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204308122

Date: 12-27-19

6979846 8300

IR# 20198887661

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