

M2000000-4425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

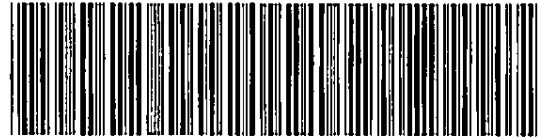
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/20--01014--019 **160.00

2020-05-08 11:30:20

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MAY 12 2020

LAW OFFICES OF
LOUIS ABRAHAM III P.C.

TREY ABRAHAM*

SEVENTEEN SEVENTY-SIX SOUTH UTICA
TULSA, OKLAHOMA 74104

TELEPHONE: (918) 728-8650
FACSIMILE: (918) 728-8655
www.abrahamlawtulsa.com
trey@abrahamlawtulsa.com
*Licensed in Okla. and Texas

May 5, 2020

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Registration of Pay Cash Group LLC
to Transact Business in Florida

To whom it may concern:

Please find enclosed:

1. Certificate of Good Standing, under seal, April 21, 2020, from the Office of the Secretary of State, State of Oklahoma, attesting to good standing and due organization for Pay Cash Group LLC, as a Domestic Limited Liability Company.
2. Cover Letter, Pay Cash Group LLC, along with a check in the amount of \$160 payable to Florida Department of State.
3. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, signed by CT Corporation System as Registered Agent and by Gary Watkins as Manager of Pay Cash Group LLC.

Please place these documents of record and issue your letter of acknowledgment upon registration. Thank you for your time and consideration.

Sincerely,



Trey Abraham

Cc: Gary Watkins w/o encls.

2020-05-08 11:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAY CASH GROUP LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GARY WATKINS
Name of Person

PAY CASH GROUP LLC
Firm/Company

1611 S. UTICA AVE. # 194
Address

TULSA, OK 74104
City/State and Zip Code

gary@megawat.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY WATKINS at (918) 629 3130
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2020 MAY -8 PM 3:20

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. PAY CASH GROUP 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 Liability Company," "L.L.C.," or "LLC")

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

3. 83-1971897
(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. 295 NW Commons Loop
(Street Address of Principal Office)

6. 1611 S. UTICA AVE
(Mailing Address)

SUITE 115-157

194

LAKE CITY FL 32055

TULSA, OK 74104

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324
(Zip code)

2006.11-8 PM 5:20

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 to comply with the provisions
and accept the obligations of
city. I further agree
I am familiar with

Christine Kelm

Christine Kelm
Assistant Secretary

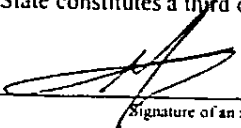
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>GARY WATKINS</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1611 S. UTICA</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u># 194</u>	<input type="checkbox"/> Authorized	_____
Person	<u>TULSA, OK 74104</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

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

GARY WATKINS

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that PAY CASH GROUP LLC whose registered agent is HEATHER FRY, with its registered office at 6305 S 110TH EAST AVE. TULSA 74133 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

2020 APR -8 11:3:20



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 21st, day of April, 2020.

[Signature]

Secretary Of State