

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
MONEYSPOOT DIRECT LLC**

Certificate of Status	0
Certified Copy	1
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September 3, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: MONEY SPOT DIRECT LLC
REF: W20000100049

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.

The name on the document and the name on the good standing must be the same.,

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.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H20000305370
Letter Number: 320A00016944

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

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MoneySpot Direct LLC

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

2. (Jurisdiction of formation of the foreign limited liability company, must include "State," "Territory," "Country," or "Province")

2. DELAWARE

3. (Date of formation of the foreign limited liability company)

4. Upon filing

5. (Name of the person or entity authorized to execute this application on behalf of the foreign limited liability company)

3. State: SG

4. SAME

631 Lucerne Ave.
Lake Worth, FL 33460

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

Name: Capital Corporate Services, Inc.

Office Address: 615 East Park Avenue 2nd Fl

Tel: 8505300 Florida 32301

Registered agent's acceptance

Noting that I am a registered agent and accept service of process for the above named limited liability company in the state 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.

Kim Tadlock

Kim Tadlock, Asst. Secretary on behalf
of Capital Corporate Services, Inc.

(Signature of registered agent)

2020 SEP - 3 - A. P. H.

FILED

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (specify in (f) and (g)):

Title or Capacity:	Name and Address	Title or Capacity:	Name and Address
☒ Manager	Name: <u>BRAND GRIFFIN</u>	☐ Manager	Name: _____
☐ Member	Address: <u>631 Lyndene Ave</u>	☐ Member	Address: _____
☐ Authorized	<u>Lake Worth</u>	☐ Authorized	_____
Person	<u>FL 33460</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be logged for reporting purposes only. Non-indexed individuals may be added to the index upon 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 605.0201(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.877.125, F.S.

3/15

 BRAND GRIFFIN
 Signed as president or officer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONEYSPOOT DIRECT 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 SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONEYSPOOT DIRECT LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2020.

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



3579073 8300

SR# 20207074278

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

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: 203583875

Date: 09-02-20