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.

(((H210002460513)))



H210002460513ABCV

To:		<u>.</u>
	Division of Corporations	:-
	Fax Number : (850)617-6383	<i>.</i>
From:		
	Account Name : REGISTERED AGENTS INC.	$\mathbf{p}_{i_{\ell}}$
	Account Number : I20090000081	713
	Phone : (307)200-2803	T pr
	Fax Number : (855)330-1010	•
nter the annual	email address for this business entity to be used report mailings. Enter only one email address pl	d for future ease.**
Email A	ddress:	

Foreign Limited Liability Company New Beginnings Credit Solution LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$125.00	

MECHINED III.5

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Help

Joseph 20121

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

	USINESS INTHE STATE OF FLORIDA:	INSTITUTE TO REGISTERY FOREIGN T	mino ismis.	
	JS Credit Solution LLC Limited Elability Company; must include "Limited	Table Committee and Committee		
(.vame of roleign	Emmed Liability Company, must include Emmed	Clability Company. C.E.C., or "E.E., J		
(If name unavailable, enter alternate;	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liability Company," "L.L.C.	," or "LLC.")	
Pennsylvania		85-0980432		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
4.	(Date first transacted business in Florida, it prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration } c penalty liability)		
266 Wymore Road		266 Wymore Road		
5. (Street Address of		6. (Mailing Address)	202	
104		104		
Altamonte Spring FL 32714		Altamonte Spring FL 32714	JUN 23	
	ng 1 L 32/14	Altamonte Spring FL 32/14	= 1	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	F: 53	
			ည်	
Name:	Registered Agents	s Inc.		
	7901 4th St N STE			
Office Address:	1301 401 301 316			
	St. Petersburg	, Florida 33702		
	(City)	(Zin code)		

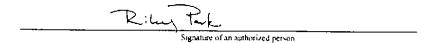
Registered agent's acceptance:

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.

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]; Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: YARITZA MEDINA Manager Manager Name: 266 Wymore Road 104 Member ■ Member Address: ______ Altamonte Spring, FL 32714 ■Authorized Authorized Person Person Other_ Other Other____ Other__ Manager Name: _____ Manager Name: ☐Member Address: _____ ☐ Member Address: Authorized Authorized Person Person 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 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.



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/18/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

New Beginnings Credit Solution LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210618120650-1