

M21000015547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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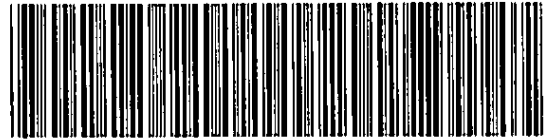
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. LEMIEUX
NOV 19 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PayTomorrow, 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:

Stacy Allison

Name of Person

Bray & Long, PLLC

Firm/Company

2820 Selwyn Avenue, Suite 400

Address

Charlotte, NC 28209

City/State and Zip Code

sallison@braylong.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Allison

704

523-7777

at ()

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

**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. PayTomorrow, 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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI 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. 19600 W. Catawba Ave.
(Street Address of Principal Office)

6. 19600 W. Catawba Ave.
(Mailing Address)

Building C, Suite 301

Building C, Suite 301

Cornelius, NC 28031

Cornelius, NC 28031

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

Name: InCorp Services, Inc.

Office Address: 17888 87th Court North

Loxahatchee, Florida 33470
(City) (Zip 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.


(Registered agent's signature)

Courtney Wehrman on behalf of InCorp Services, Inc.

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TALLAHASSEE, FLORIDA

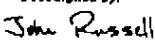
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Kevin Confoy</u>	☒ Manager	Name: <u>Robert Kraus</u>
☐ Member	Address: <u>19600 W. Catawba Ave.</u>	☐ Member	Address: <u>19600 W. Catawba Ave.</u>
☐ Authorized	<u>Building C, Suite 301</u>	☐ Authorized	<u>Building C, Suite 301</u>
Person	<u>Cornelius, NC 28031</u>	Person	<u></u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☒ Manager	Name: <u>Wensley McKinney</u>	 ☐ Manager	Name: <u>John Russell</u>
☐ Member	Address: <u>19600 W. Catawba Ave.</u>	☐ Member	Address: <u>19600 W. Catawba Ave.</u>
☐ Authorized	<u>Building C, Suite 301</u>	☐ Authorized	<u>Building C, Suite 301</u>
Person	<u>Cornelius, NC 28031</u>	Person	<u>Cornelius, NC 28031</u>
☐ Other _____	☐ Other _____	☒ Other ^{CFO} _____	☐ Other _____
 ☐ Manager	Name: <u>Matthew Whitaker</u>	 ☐ Manager	Name: _____
☐ Member	Address: <u>19600 W. Catawba Ave.</u>	☐ Member	Address: _____
☐ Authorized	<u>Building C, Suite 301</u>	☐ Authorized	_____
Person	<u>Cornelius, NC 28031</u>	Person	_____
☒ Other ^{CEO} _____	☐ 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)

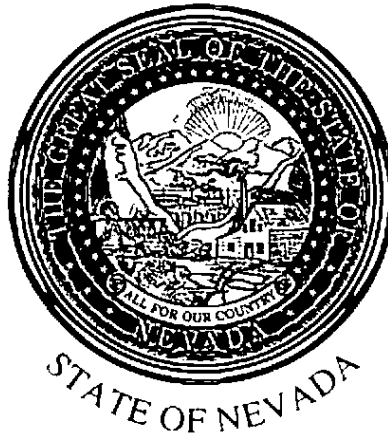
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

 1507A014010042D...

 Signature of an authorized person
 John Russell, CFO

 Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PayTomorrow, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/25/2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/07/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202110072053942

You may verify this certificate
online at <http://www.nvsos.gov>