## M21000017197

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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Secript Learner to Siling Office				
Special Instructions to Filing Officer:				

Office Use Only



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SECHINATION SALE TALLAHASSEE, FL



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 332974 8293403

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 15, 2021

ORDER TIME : 1:33 PM

ORDER NO. : 332974-005

CUSTOMER NO: 8293403

## FOREIGN FILINGS

NAME: 2233 PARADISE ROAD, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER							
	ration Section on of Corporations	·					
	233 Paradise Road, LLC						
SUBJECT:Name of Limited Liability Company							
The enclosed "/ Existence, and o	Application by Foreign Limited Liability Coheck are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.					
Please return al	correspondence concerning this matter to	the following:					
	Benjamin Ivie						
		Name of Person					
	2233 Paradise Road LLC						
		Firm/Company					
	101 Convention Center Dr Ste 700						
		Address					
	Las Vegas, Nevada 89109						
City/State and Zip Code							
licensing@cashfactoryusa.com							
	E-mail address: (to be	used for future annual report notification)					
For further info	rmation concerning this matter, please call						
Melissa Lambson		702 843-5087 Ext. 201					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		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

## 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:

(Name of Foreign	Limited Liability Company, must include "Limite	d Liability Cor	mpany," "L.L.C.," or "LLC.")		•
lfname unavailable, enter alternate n	name adopted for the purpose of transacting business in F	lorida. The altern	ute name must include "Limited I	Liability Company," "L L.C," or "	rrc.
. <b>N</b> ∨ 2.		45 3.	5-3855297		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	organized) (FEI number, if applicable)			•
l	(Date first transacted business in Plonda, if prior to	registration )	· · · · · · · · · · · · · · · · · · ·	<del></del>	
101 Convention Cent	(See sections 605 0904 & 605,0905, F.S. to determ	ine penalty liabil	Convention Center I	Dr Ste 700	
5. Street Address of Principal Office)		6. (Mailing Address)			-
Las Vegas, Nevada 8	39109	101 Convention Center Dr Ste 700			_
		_	. <u>-</u>	<u> </u>	-
. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acce	eptable)	021 DEC Talla	-
Name:	Corporation Service Company		<u> </u>	HASS	[
Office Address:	1201 Hays Street		_	AM II: 2	i
	Tallahassee		32301 , Florida		
	(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.

Corporation Service Company

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<b>■</b> Manager	Name: 2233 Paradise Road Manager	□Manager	Name: Benjamin Ivie
□Member	Address: STE 700	□Member	Address: 101 Convention Center Dr : STE 700
□Authorized	Las Vegas, Nevada 89109	■Authorized	Las Vegas, Nevada 89109
Person		Person	
Other	Other	⊟Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 101 Convention Center Dr (STE 700	⊒Member	Address:
■Authorized	Las Vegas, Nevada 89109	□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 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 standard degree felony as provided for in s.817.155, F.S.

Melissa Lambson

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, **2233 PARADISE ROAD 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 11/02/2011, and is in good standing in this state.

Certificate Number: B202112162237302

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on 12/16/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State