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SECRETATION OF STATE

APPROVEL AND FILED

2022 FEB 17 PH 3: 46

FEB 1 8 2022 K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 455789

4809065

AUTHORIZATION

COST LIMIT

ORDER DATE: February 2, 2022

ORDER TIME : 2:37 PM

ORDER NO. : 455789-065

CUSTOMER NO:

4809065

FOREIGN FILINGS

NAME: CREDIT PLUS, 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: Eyliena Baker -- EXT#

•	•	COVER LETTER					
TO:	Registration Section Division of Corporations						
SHD IE/	Credit Plus, LLC						
SUBJEX		e of Limited Liability Company					
The encl Existenc	losed "Application by Foreign Limited Liability (e., and check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.					
Please re	eturn all correspondence concerning this matter to	the following:					
	Kimberly Beard						
		Name of Person					
	Venable LLP						
Firm/Company							
	750 East Pratt Street						
	Address						
	Baltimore, Maryland 21202						
	Ci	ity/State and Zip Code					
	klbeard@venable.com						
	E-mail address: (to be	used for future annual report notification)					
For furth	er information concerning this matter, please cal	1:					
	Kimberly Beard	410 244-7668					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations					
P.O. Box 6327		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 COMPILANCE 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:

, Credit Plus, LLC	KIRALLY EV TERE STETE (M. 1 IXMILM.					
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liabilit	y Company," "L L C ," or "I	LC.")	-	
					_	
	name adopted for the purpose of transacting business in l	Florida, The	alternate name must include "Li	mited Liability Company," "L.L.C," or "	I.I.C.")	
Delaware 2.		3				
(Jurisdiction under the law of which foreign limited liability company is organized)		,	(FEI number, if applicable)			
Upon qualification						
4. <u></u>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registratio nine penalty	n.) : liability)			
370 Reed Road, Suit		6	370 Reed Road, Su	ite 100		
5. (Street Address of Principal Office)		0.	(Mailing Address)		-	
Broomall, PA 19008			Broomall, PA 19008	В		
				7. 20 7. 20	- }	
	· · · · · · · · · · · · · · · · · · ·		·		-	
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT	accentable)	B B		
	<u>~ </u>	.,	,,	7	三之	
Name:	Corporation Service Company			PMI2:	E. S. S. S.	
Office Address:	1201 Hays Street			3: 08 3: 08	(_	
	Tallahassee		 3230 . Florida	1		
(City)				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	<u>:</u>	Name and Address:
□Manager	Name: Consolidated Information	□Manager	Name:	
■Member	Address: Services Solutions LLC	□Member	Address: _	
□Authorized	370 Reed Rd, Suite 100	□Authorized	.12	
Person	Broomall, PA 19008	Person		<u></u>
□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

<u>Important Notice:</u> 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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CREDIT PLUS, 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 FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREDIT PLUS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2021.

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



Jeffrey W. Buflock, Secretary of State