3/1/23, 7:56 AM   Division of Corporations

M23000002629

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

> Account Name   : LEGALZOOM.COM INC.
> Account Number : I20010000062
> Phone   : (323)962-8600
> Fax Number   : (323)389-0502

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
Wiki Credit Repair LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	$155.00

Electronic Filing Menu   Corporate Filing Menu   Help

COVER LETTER

TO: Registration Section
           Division of Corporations

SUBJECT: Wiki Credit Repair 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:

Cheyenne Moseley
_____
                    Name of Person

Legalzoom.com, Inc.
_____
                    Firm/Company

101 N Brand Blvd 11th Fl
_____
                    Address

Glendale, CA 91203
_____
                    City/State and Zip Code

Jasmineekberg@aol.com
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley   800   773-0888
_____   at (_____) _____
        Name of Contact Person   Area Code   Daytime Telephone Number

MAILING ADDRESS: **STREET ADDRESS:**
Division of Corporations   Division of Corporations
Registration Section   Registration Section
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                            Tallahassee, FL 32301

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 &   ■ $155.00 Filing Fee &   ☐ $160.00 Filing Fee, Certificate
                           Certificate of Status   Certified Copy   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. Wiki Credit Repair 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. Alabama
   _____
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. 58-4376057
   _____
   (FEI number, if applicable)

4. 12/27/2022
   _____
   (Date first transacted business in Florida, if prior to registration.)
   (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. _____
   (Street Address of Principal Office)

   605 Maxwell Blvd

   Montgomery, Alabama 36104

6. _____
   (Mailing Address)

   605 Maxwell Blvd

   Montgomery, Alabama 36104

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

   Name: UNITED STATES CORPORATION AGENTS, INC.
   _____

   Office Address: 476 Riverside Ave.
   _____

   Jacksonville   32202
   _____, 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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY,
UNITED STATES CORPORATION AGENTS, INC

_____
(Registered agent's signature)

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:
☐Manager	Name: Jasmine Ekberg	☐ Manager	Name: _____
■Member	Address: 605 Maxwell Blvd #404	☐ Member	Address: _____
☐Authorized	Montgomery, Alabama 36104	☐ Authorized	_____
Person	_____	Person	_____
☐Other_____	☐Other_____	☐Other_____	☐Other_____

☐Manager	Name: _____	☐ Manager	Name: _____
☐Member	Address: _____	☐ Member	Address: _____
☐Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐Other_____	☐Other_____	☐Other_____	☐Other_____

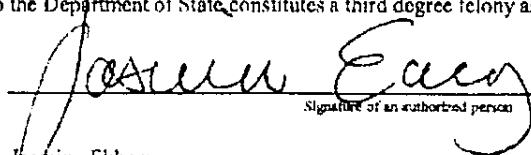|			
☐Manager	Name: _____	☐ Manager	Name: _____
☐Member	Address: _____	☐ Member	Address: _____
☐Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐Other_____	☐Other_____	☐Other_____	☐Other_____

Important Notice: Use an attachment to report more than six (6). The attachment will be 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

Jasmine Ekberg
_____
Typed or printed name of signee

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Wiki Credit Repair LLC was formed in Alabama on December 2, 2022. The Alabama Entity Identification number for this entity is 001-051-555. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

03/01/2023

Date

20230301000002288

Wes Allen   Secretary of State