

***CORRECTED, PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
5/23/24

M24100007455

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

***CORRECTED, PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
5/23/24

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.

((H24000184889 3)))



H240001848893ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 23 PM 4:06

****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
PRODIGY FINANCE SERVICING, LLC**

***CORRECTED, PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
5/23/24

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

***CORRECTED, PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
5/23/24

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
JUN 11 2024
TALLAHASSEE
FLORIDA
DIVISION OF CORPORATIONS

850-617-6381

6/4/2024 4:52:44 PM PAGE 1/001 Fax Server



June 4, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: PRODIGY FINANCE SERVICING, LLC
REF: W24000079541

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What are the titles of the persons listed to be MGR/MBRs of the LLC?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: B24000184889
Letter Number: 324A00012108

H24000184889

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prodigy Finance Servicing, 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:

Kyle Rubin

Name of Person

Prodigy Finance Servicing, LLC

Firm/Company

333 Las Olas Way, CU4, Suite #426,

Address

Fort Lauderdale, Florida, 33301

City/State and Zip Code

kyle.rubin@prodigyfinance.com

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

For further information concerning this matter, please call:

Melanie Schoombee

Name of Contact Person

+44 (0)20 7287 3532

at (Area Code)

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

H24000184889

H24000184889

**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. Prodigy Finance Servicing, 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. Delaware 3. 86-2869396
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 22, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 Las Olas Way, CU4 Suite #426 6. 333 Las Olas Way, CU4 Suite #426
(Street Address of Principal Office) (Mailing Address)

Fort Lauderdale, Fort Lauderdale,
Florida, 33301 Florida, 33301

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

Name: Capitol Corporate Services, Inc
Office Address: 515 E. Park Avenue, 2nd Floor ,
Tallahassee 32301
(City) , Florida (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.

Kim Tadlock Kim Tadlock, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.
(Registered agent's signature)

H24000184889

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 28 PM 4:06

H24000184889

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>
<input checked="" type="checkbox"/> Manager	Name: <u>Cameron Stevens</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Neha Sethi</u>
<input type="checkbox"/> Member	Address: <u>16-18 Beak St, Hardy House</u>	<input type="checkbox"/> Member	Address: <u>16-18 Beak St, Hardy House</u>
<input type="checkbox"/> Authorized	<u>Carnaby, London</u>	<input type="checkbox"/> Authorized	<u>Camaby, London</u>
Person	<u>United Kingdom, W1F 9RD</u>	Person	<u>United Kingdom, W1F 9RD</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Melanie Schoombee</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>16-18 Beak St, Hardy House</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Carnaby, London</u>	<input type="checkbox"/> Authorized	_____
Person	<u>United Kingdom, W1F 9RD</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.


Cameron Stevens (May 23, 2024 13:46 GMT+1)

Signature of an authorized person

Cameron Stevens

Typed or printed name of signee

H24000184889

1124000184889

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PRODIGY FINANCE SERVICING, 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 TWENTY-THIRD DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRODIGY FINANCE
SERVICING, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D.
2020.

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



7853000 8300

SR# 20242388958

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Authentication: 203542697

Date: 05-23-24