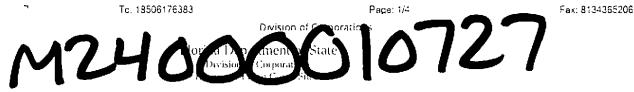
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to.

Division of Corporations

Fax Number

(850)617-6383

From

Account Name - REGISTERED AGENTS INC

Account Number : [2009020009] Phone

1397)288-2803

Fax Number

: (813)436-5206

""Enter the email uddress for this business entity to be used for future annual report markings. Enter only one email address please.**

Foreign Limited Liability Company GoodKnight Credit Repair LLC

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Help

'US 2 1 2924

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 8050802, FLORIDA STATUTES THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTIVANNACT RUSINESS IN THE STATE OF FLORIDA:

GoodKnight Credit Re	•		
(Name of Foreign	Umited Liability Company, must include "Limited	I Embility Company," "I, I, C ," or "I, I C "r	
(II) ikine anavailable, enter alternate	name adopted for the purpose of transacting bisiness in Hi	orda. The alternate name must include "Limited L	iability Company ["L.I. C, For "LI, C]
3. Wyoming		3. 88-1553680	
Charsdiction under the law of v	lifeb foreign limited hability company is organized)	dFFI mensk	ect. If applicable)
1			
	(Date first transacted business in Florida, if prior to a (See sections 608-0404 X 208-0015, 1-8) to determin	egistration) re penalty hability)	
7901 4th St N STE 300)	6. 7901 4th St N STE 300 (Mailing Addies)	
Street Address of Privarian Office)		(Mading Address)	
St. Petersburg, FL 337	02	St. Petersburg, FL 33702	
			202
. Name and street addres	88 of Florida registered agent. (P.O. Box	NOT acceptable)	2024 AUG 20
Name:	Registered Agents Inc		PH 2
Office Address.	7901 4th St N STE 300		2: 38
	St. Petersburg	. Fiorida ³³⁷⁰²	
	(s/ny)	(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.

Divis & Gace		
	(Registered agent's signiture)	

 ${\bf to}$

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name:	⊞Manager	ROS Name:	EANNA CAPUANO
□Member	Address:	tX Member	Address:	
□Authorized		⊞Amborized	7901 4th St	N STE 300
Person		Person	St. Petersbi	rg FL 33702
□Other ₂		□Other	- - -	□Other
ŒManagei	Name	. [Manager	Numer	
ElMember	Address:	(L. Member	Address:	
FlAuthorized		○ Ambouzed		
Person		Person	***********************	
[]Other		"TOther		□Other
L.Manager	Name:	1 .Manager	Name:	
□Member	Address:	□Member	Address:	
□Anthorized		□Authorized		···—
Person		Person		
□Other		[]Other		[]Other

10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817-155, F.S.

	Palenejenep
	Signature of an anthonized person.
Robin Jones	

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY. Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

GoodKnight Credit Repair LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on February 24, 2023, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2023-001228906.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of August, 2024 at 1:22 PM. This certificate is assigned ID Number 075441428.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.