

M24000014814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

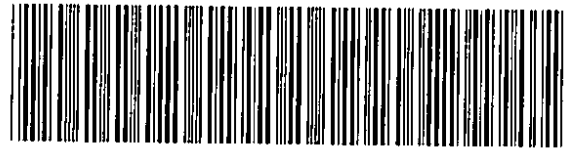
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Nov 25 2024

C. Brumblay

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SEC. OF STATE
TREASURY

Sunshine State Corporate Compliance Company

②

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/22/2024

****WALK IN****

ENTITY NAME Macy's Credit Operations, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S R H

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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. Macy's Credit Operations, 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. OH
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 9111 Duke Boulevard
(Street Address of Principal Office)

6. 9111 Duke Boulevard
(Mailing Address)

Mason, OH 45040

Mason, OH 45040

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.

Tasha Edwards Tasha Edwards, Special Secretary
(Registered agent's signature)

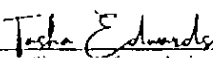
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>FDS Bank</u>	<input type="checkbox"/> Manager	Name: <u>Matthew S. Schroeder</u>
<input checked="" type="checkbox"/> Member	Address: <u>9111 Duke Boulevard</u>	<input type="checkbox"/> Member	Address: <u>9111 Duke Boulevard</u>
<input type="checkbox"/> Authorized	<u>Mason, OH 45040</u>	<input type="checkbox"/> Authorized	<u>Mason, OH 45040</u>
Person	<u></u>	Person	<u>Secretary/Treasurer</u>
<input type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Heidi Graves</u>	<input type="checkbox"/> Manager	Name: <u>Daniel Delgado</u>
<input type="checkbox"/> Member	Address: <u>9111 Duke Boulevard</u>	<input type="checkbox"/> Member	Address: <u>9111 Duke Boulevard</u>
<input type="checkbox"/> Authorized	<u>Mason, OH 45040</u>	<input type="checkbox"/> Authorized	<u>Mason, OH 45040</u>
Person	<u>President</u>	Person	<u>Vice President</u>
<input checked="" type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

Tasha Edwards, Attorney-in-Fact

 Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MACY'S CREDIT OPERATIONS, LLC, an Ohio Limited Liability Company, Registration Number 1417963, was organized in the State of Ohio on October 17, 2003, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of November, A.D. 2024.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202432403660