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COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

DOMESTICATION FOREIGN TO FLORIDA

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication

\$ 50.00

Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee

\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

From: CREDIT EXPRESS INC

Name (printed or typed)

21218 ST. ANDREWS BLVD. #627

Address

BOCA RATON, FL 33433

City, State & Zip

847-863-2100

Daytime Telephone Number

LK@CREDITEXP.COM

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

Articles of Domestication Foreign Corporation Domesticating to Florida

The u	ndersigned,	LEONARD KREIMER	PRESIDENT
		(Name)	(Title)
of C	REDIT E	EXPRESS INC	, a foreign
	ration, in ac stication.	cordance with s. 607.11922, Florida	
		e of the domesticating corporation i	s CREDIT EXPRESS INC
			(Foreign Corporation)
2.	The jurisdi	iction and date of its formation is $\frac{1}{2}$	LLINOIS, 6/25/2013
3.		of the domesticated corporation is	
4.		ction of formation of the domestica	
5.	The dome		poration and the domestication was
6.		are Florida Articles of Incorporation nts pursuant to s.607.0202, F.S.	to complete the domestication
l certif	y I am auth	orized to sign these Articles of Domi	estication on behalf of the corporation.
		(Authoriz	ed Signature)

ARTICLES OF INCORPORATION IN COMPLIANCE WITH CHAPTER 607, F.S.

CREDIT EXPRESS INC	
CREDIT EXPRESS INC	
ADDICE DE LA DRIVERDAY ORI	ntan.
ARTICLE II PRINCIPAL OF	
THE PRINCIPAL PLACE OF BUSINESS/ MAI	ILING ADDRESS IS:
Principal Address	Mailing Address
21218 ST. ANDREWS BLVD. #627	601 SKOKIE BLVD, STE 503
BOCA RATON, FL 33433	NORTHBROOK, IL 60062
	
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPOR	
THE TRANSACTION OF ANY OR ALL LAWFUL	BUSINESS FOR WHICH CORPORATION MAY BE ORGANIZED
THE TRANSACTION OF ANY OR ALL LAWFUL	L BUSINESS FOR WHICH CORPORATION MAY BE ORGANIZED
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ARTICLE V DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: __ LEONARD KREIMER, DIRECTOR Name & Title: 21218 ST. ANDREWS BLVD. #627 21218 ST. ANDREWS BLVD. #627 Address: Address: BOCA RATON, FL 33433 BOCA RATON, FL 33433 Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: _____ Address: Address: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155-P.S. 04/15/2021 Signature/Authorized Person

Date