

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

-> Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

paration state following statement.			
The name of the corporation is:			
Credit Systems International, Inc.			
It is incorporated under the laws of:     TX			
3. The name, if different, which it elects to use in R	hode Island is:		
(a) If the name of the corporation in its jurisdiction of incorporated, or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of incorporation does not contain	the word "corporation", "company", poration with the addition of one of the	 e
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rhofiled with this application:	Island, then set forth below the foode Island as stated in the "Fictil	ictitious name under which the tious Business Name Statement" to b	ie
4. The date of its incorporation is: 6/26/1992			
And the period of its duration is: CHECK ONE BOX	CONLY	2018 CO 200	<del></del>
Perpetual (on-going)			
Date certain for dissolution		Z REAL PROPERTY.	
5. The address of its principal office is: 1277 Co	ountry Club Lane	20A(0)	
Ft. Wor	th TX 76112		
6. The name and address of the initial registered ag	ent/office in Rhode Island:		
Agent Name Corporation Service Company	The state of the s		_
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson Blvd., Suite 200	***************************************		¥
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
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BY CW 331656

Debt Collection					
8. (a) The names and restate or country of which			tional, unless d	irectors are required under the laws of the	
NAME			A	DDRESS .	
Darlene Stallons Mea	Mead 1277 Country Clu		b Lane Ft. Wo	rth, TX 76112	
Ron E. Mead 1277 C		1277 Country Clu	Country Club Lane Ft. Worth, TX 76112		
		<del></del>			
<del></del>				Check the box to indicate an attachment	
8. (b) The names and re of the state or country o			cers (mandator	y if directors are not required under the laws	
OFFICE	NA NA	AME	ADDRESS !		
PRESIDENT	Darlene Stallons	Mead	1277 Country Club Lane Ft. Worth, TX 76112		
VICE PRESIDENT	Ron E. Mead		1277 Country Club Lane Ft. Worth, TX 76112		
TREASURER	Ron E. Mead		1277 Country Club Lane Ft. Worth, TX 76112		
SECRETARY	Darlene Stallons Mead		1277 Country Club Lane Ft. Worth, TX 76112		
			sue; itemized b	Check the box to indicate an attachment y classes, par value of shares, shares without	
par value, and series, if NUMBER OF SHARES	any, within a class	, IS:	SERIES	PAR VALUE OR STATE NO PAR VALUE	
100,000 Common			SERIES	\$0.00	
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	during the following	g year bears to the	value of all prop	of the property of the corporation to be perty of the corporation to be owned during heet.)	
0 %	•			1	
at or from places of bus	siness in Rhode Isla	and during the follow	ving year comp	ousiness to be transacted by the corporation ared to the gross amount thereof which will be trained from worksheet.)	
%	1				

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of State</u> formation dated within 60 days of the date of this filling.	us from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
X Date received (Upon filing)	
Leter effective date (Date must be no more than 90 days from the date of filing)	
Under penalty of perjury, I declare and affirm that I have exemined this Application for Cert accompanying attachments, and that all statements contained herein are true and correct.	fficate of Authority, including any
Type or Print Name of Authorized Officer	Date
Ron Mead	5/14/2018
Signature of Authorized Officer of the Corporation	
Ron & mead, Vin Pres. SIGN DOCUMENT HERE	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

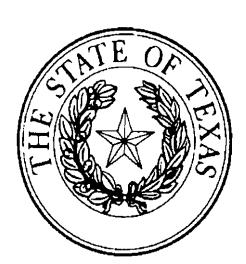
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for CREDIT SYSTEMS INTERNATIONAL, INC. (file number 123630900), a Domestic For-Profit Corporation, was filed in this office on June 26, 1992.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 22, 2018.



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Rolando B. Pablos Secretary of State

RI SOS Filing Number: 201867887500 Date: 5/31/2018 10:11:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 31, 2018 10:11 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

