

Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED LIABILITY COMPANY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 APR -2 AM 10:06

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

American Credit Services, LLC

☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Wyoming

4. The date of its organization is 05/23/2012

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

222 Jefferson Blvd., Ste 200

Warwick

, RI 02886

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is InCorp Services, Inc.

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

1712 Pioneer Ave, Ste 776, Cheyenne, WY 82001

9. The mailing address for the limited liability company is:

PO Box 681784, Charlotte, NC 28216

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By

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KM

10. Management of the Limited Liability Company (check one only):

A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)*

or

B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

Manager

Address

Lashone Elam

200B Regency Executive Park Drive, Ste 240, Charlotte, NC 28217

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

Upon Filing

(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 03/12/2014

American Credit Services, LLC

Print Exact Name of Limited Liability Company Making Application

By Lashone Elam

Signature of Authorized Person

STATE OF WYOMING
Office of the Secretary of State

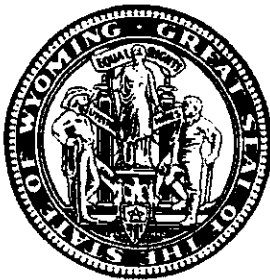
I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

American Credit Services, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 23, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000622816**.

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 12th day of March, 2014 at 10:45 AM. This certificate is assigned 015252424.




Secretary of State



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. RALPH MOLLIS

Secretary of State

