



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 7-1.2-1405, 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:

1. The name of the corporation is: Credit Systems International, Inc.		
2. It is incorporated under the laws of: TX		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 6/26/1992		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 1277 Country Club Lane Ft. Worth TX 76112		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (NOT 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

MAY 31 2018

BY

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <div style="border: 1px solid black; padding: 5px; min-height: 40px;">Debt Collection</div>			
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):			
NAME	ADDRESS		
Darlene Stallons Mead	1277 Country Club Lane Ft. Worth, TX 76112		
Ron E. Mead	1277 Country Club Lane Ft. Worth, TX 76112		
Check the box to indicate an attachment <input type="checkbox"/>			
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):			
OFFICE	NAME	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	
Check the box to indicate an attachment <input type="checkbox"/>			
9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100,000	Common		\$0.00
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.) <div style="border: 1px solid black; padding: 5px; min-height: 40px;">0 %</div>			
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.) <div style="border: 1px solid black; padding: 5px; min-height: 40px;">0 %</div>			

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later 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 examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer	Date
Ron Mead	5/16/2018
Signature of Authorized Officer of the Corporation	
Ron E Mead, Vice Pres. SIGN DOCUMENT HERE	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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



Rolando B. Pablos
Secretary of State

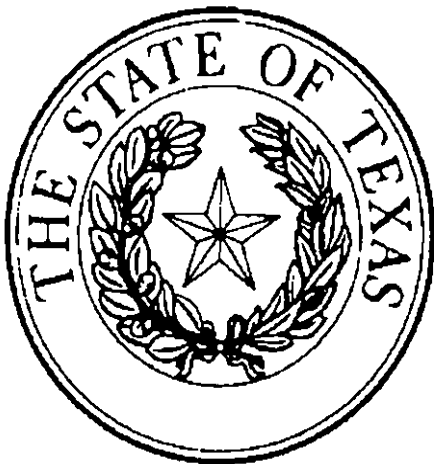
Office of the Secretary of State

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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SECRETARY OF STATE
CORPORATIONS DIV
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A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State