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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Application for Registration

FOREIGN Limited Liability Company

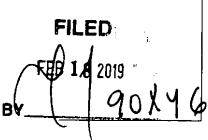
 \rightarrow Filing Fee: \$150.00

SECRETARY OF STAT

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:		
National Credit Center, LLC		
Is this company organized in its state or country of formation	as a low-profit limited llability of	company? Yes 🗌 No 🖌
The name, if different, under which it proposes to register and	transact business in Rhode I	sland is:
n/a		<u> </u>
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: June 27, 2013		
And the period of its duration is: CHECK ONE BOX ONLY		
Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhoc	le Island is:	<u> </u>
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard,	Suite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in RI	node Island are:
Auto Data Sales/Services		
	Check the bo	ox to indicate an attachment

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 450 - Revised 01/2019

 The RI Department of State is appointe any time, there is no resident agent or if the diligence. 	e resident agent cannot be found or se	rved following the exercise of reasonable		
The address of the office required to be if not so required, of the principal office of		s organization by the laws of that state or,		
n/a				
8. The mailing address for the limited liability company is:				
7373 Peak Drive, Suite 250				
Las Vegas, Nevada 89128				
9. Management of the Limited Liability Company:				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)				
By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
Jevin G. Sackett	1980 Festival Plaza Dr., Suite 930, Las Vegas, Nevada 89135			
Ajit Habbu	1980 Festival Plaza Dr., Suite 930, Las Vegas, Nevada 89135			
John Bauer	1980 Festival Plaza Dr., Suite 930, Las Vegas, Nevada 89135			
Jeff Hellinga	1980 Festival Plaza Dr., Suite 930, L	as Vegas, Nevada 89135		
10. 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 filing.				
11. Date when this application for Certification	te of Registration will be effective: CHE	CK ONE BOX ONLY		
✓ Date received (Upon filing)				
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 Registration, including any accompanying attachments, and that all statements contained horein are true and correct.				
Type or Print Name of LLC		Date		
National Credit Center, LLC		2/1/19		
Signature of Authorized Person				

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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.



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL CREDIT CENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL CREDIT CENTER, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 202268917 Date: 02-15-19

5358601 8300 SR# 20191056297 You may verify this certificate online at corp.delaware.gov/authver.shtml



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

February 18, 2019 11:57 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

