

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:

| purpose submits the following statement | | | |
|--|-----------------------|-----------------------|--|
| The name of the limited liability company is: | | <u> </u> | |
| Curo Receivables Finance II, LLC | | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No V | | | |
| The name, if different, under which it proposes to register and transact business in Rhode Island is: | | | |
| n/a | | T 30 | |
| 2. The LLC is organized under the laws of: Delaware | | S O | |
| 3. The date of its organization is: 3/10/2020 | - | 10: 5 | |
| And the period of its duration is: CHECK ONE BOX ONLY | · | 0 | |
| Perpetual (on-going) | | | |
| Date certain for dissolution | <u></u> . | | |
| 4. The name and address of the resident agent/office in Rhode Island is. | | | |
| Agent Name National Registered Agents, Inc. | | | |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A | | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02914 | |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | | |
| Consumer Finance | | | |
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| Check the box to indicate an attachment | | | |
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MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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|---|--|--|--|
| any time, there is no resident agent or if the diligence. | ed the agent of the foreign limited liability company the resident agent cannot be found or served follow | for service of process if, at ing the exercise of reasonable | |
| The address of the office required to be if not so required, of the principal office of | maintained in the state or country of its organizati the foreign limited liability company is: | on by the laws of that state or, | |
| 3527 N. Ridge Road- Wichita, KS 67205 | | | |
| 8. The mailing address for the limited liab | lity company is: | ······································ | |
| 3527 N. Ridge Road- Wichita, KS 67205 | | | |
| 9. Management of the Limited Liability Co | mpany: | | |
| The Limited Liability Company is to be ma | naged by: CHECK ONLY ONE BOX | | |
| By its members (If you have checked | this box, go to Section 9. (DO NOT fill out the cha | rt below.) | |
| By one (1) or more managers (List managers below) | | | |
| MANAGER | ADDRESS | | |
| | | | |
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| 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. | | | |
| | te of Registration will be effective: CHECK ONE B | OX ONLY | |
| Date received (Upon filing) | | | |
| Later effective date (Date must be no | more than 30 days from the date of filing) | | |
| Under penalty of perjury, I declare and affil accompanying attachments, and that all st | rm that I have examined this Application for Regist atements contained herein are true and correct. | ration, including any | |
| Type or Print Name of LLC | | Date | |
| Curo Receivables Finance II, LLC | | 7/29/2020 | |
| Signature of Authorized Person | | | |
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| 0 | | | |

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURO RECEIVABLES FINANCE II, 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 TWENTY-THIRD DAY OF JULY, A.D. 2020.

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

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Authentication: 203338433

Date: 07-23-20