



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

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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-12-1405, 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:		
Global Credit & Collection Corporation		
2. It is incorporated under the laws of: Delaware		
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:		
N/A		
(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:		
N/A		
4. The date of its incorporation is: August 1, 2003		
And the period of its duration is. CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
5. The address of its principal office is:		
4839 North Elston Ave. Chicago, IL 60630		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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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

FILED

AUG 31 2020

BY **2H3XS**

A.A. 11:38 A.M.

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are

Debt collection

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
Scott McIlroy	4839 North Elston Ave. Chicago, IL 60630
Vishal Kumar	4839 North Elston Ave. Chicago, IL 60630
Chris Herwig	4839 North Elston Ave. Chicago, IL 60630

Check the box to indicate an attachment ☐

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	Scott McIlroy	4839 North Elston Ave. Chicago, IL 60630
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☐

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
1500	A	--	\$1.00

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.)

0 _____ %

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.)

0 _____ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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**

☒ 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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Scott McIlroy by James Sokolowski with permission (POA)

Date

6/23/2020

Signature of Authorized Officer of the Corporation

Scott McIlroy by James Sokolowski with permission (POA)

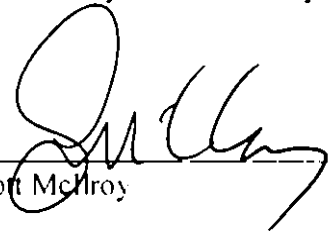
Capital Compliance Group, Inc.
Power of Attorney

Notice is hereby given that Scott McIlroy ("McIlroy") does hereby appoint James Sokolowski and Judson Phillips, while associated with Capital Compliance Group, Inc., as attorney-in-fact to act on his behalf as representative of Global Credit & Collection Corp. and Global Credit & Collection Inc. for the limited purposes authorized herein.

McIlroy hereby grants his attorney-in-fact the power to execute the documents necessary to file collection agency licenses, business licenses, certificates of authority, registrations, qualifications, annual reports, annual returns, renewals, surety bonds, registered agents, and similar forms for Global Credit & Collection Corp. and Global Credit & Collection Inc. in all jurisdictions of the United States and Canada.

This Power of Attorney expires when revoked by McIlroy. Any attorney-in-fact may withdraw upon notice to McIlroy.

In witness whereof, the undersigned has executed this Power of Attorney on the 12th day of April, 2019.



Scott McIlroy

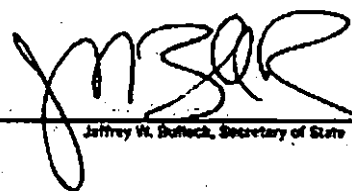
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GLOBAL CREDIT & COLLECTION
CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE
EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE
SIXTH DAY OF AUGUST, A.D. 2020.




Jeffrey W. Bullock, Secretary of State

3688521 8300

SRE 20205526074

You may verify this certificate of incorporation on the Delaware website.

Authentication: 203419534

Date: 08-06-20



State of Rhode Island

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,
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:

August 31, 2020 11:38 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

