



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Cartiga Consumer Funding, LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

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

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: DE Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

**ARTICLE IV**

The date of its organization is: 8/15/2019

**ARTICLE V**

The period of its duration is:  Perpetual

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 45 INDUSTRIAL ROAD

STE 100

City or Town: CUMBERLAND

State: RI

Zip: 02864

Name: FILEJET, INC.

**Article VII**

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

CONSUMER LEGAL FUNDING

**ARTICLE VIII**

The Rhode Island Department 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.

**ARTICLE IX**

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

No. and Street: 6001 BROKEN SOUND PARKWAY, NW  
#150

City or Town: BOCA RATON

State: FL Zip: 33487 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 6001 BROKEN SOUND PARKWAY, NW  
#150

City or Town: BOCA RATON

State: FL Zip: 33487 Country: USA

**ARTICLE XI**

The limited liability company is to be managed by its    Members\* or  Managers (check one)

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SAMUEL WATHEN	6001 BROKEN SOUND PARKWAY, NW BOCA RATON, FL 33487 USA
MANAGER	MICHAEL BOGANSKY	6001 BROKEN SOUND PARKWAY, NW BOCA RATON, FL 33487 USA
MANAGER	LATRICIA	

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 13 Day of January, 2026 at 2:31:49 PM by the Authorized Person.**

**RYAN MELCHER**

Form No. 450  
Revised 09/07

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# Delaware

Page 1

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARTIGA CONSUMER FUNDING, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2025.



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SR# 20254601024

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*C. P. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 205360629

Date: 11-19-25



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

January 13, 2026 02:30 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

