

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **CREDIT JOIN LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **10/11/2022** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

5000 Birch Street
Tower, Suite B
Newport Beach, CA 92660

8. Required Representatives

Member	Cedric George Channels	5000 Birch Street, Newport Beach Tower, Suite B	CA	92660
Member	Bradley Weston Smith	5000 Birch Street, Newport Beach Tower, Suite B	CA	92660
Member	Kevin OConnell	5000 Birch Street, Newport Beach Tower, Suite B	CA	92660
Member	Branden Millstone	5000 Birch Street, Newport Beach Tower, Suite B	CA	92660

9. Registered Agent/Office

Business Filings Incorporated
306 W. Main St., Ste 512
Frankfort, KY 40601

I, **Chris Das, AVP**, consent to sign for **Business Filings Incorporated** who serves as the **Registered Agent** on behalf of this Entity.

on Wednesday, May 31, 2023

As the Authorized Representative, I, **Cedric George Channels**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**