



Secretary of State

LLC-5

**Application to Register a Foreign Limited Liability Company (LLC)**

For Office Use Only

**-FILED-**

File No.: 202565514366

Date Filed: 1/22/2025

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

This Space For Office Use Only

**1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

MCT Credit Solutions LLC

**1b. California Alternate Name, If Required** (Only enter an alternate name if the LLC name in 1a not available in California.)

**2. LLC Jurisdiction** (Ensure that the jurisdiction matches the attached Certificate of Good Standing.)

**a. Jurisdiction** (State, foreign country or place where this LLC is formed.)

Delaware

**b. Authority Statement** (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a.

**3. Business Addresses** (Enter the **complete** business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

<b>a. Street Address of Principal Office - Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
855 N. Croft Ave., Unit #210	Los Angeles	CA	90069
<b>b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
855 N. Croft Ave., Unit #210	Los Angeles	CA	90069
<b>c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:</b> <input checked="" type="checkbox"/> 3a <input type="checkbox"/> 3b			
<b>d. Mailing Address - if different than item 3a or 3b</b>	City (no abbreviations)	State	Zip Code

**4. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** - Complete Items 4a and 4b only. Must include agent's full name and California street address.

<b>a. California Agent's First Name</b> (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
<b>b. Street Address</b> (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>			
City (no abbreviations)		State	Zip Code
		CA	

**CORPORATION** - Complete Item 4c only. Only include the name of the registered agent Corporation.

**c. California Registered Corporate Agent's Name** (if agent is a corporation) - Do not complete Item 4a or 4b

C T CORPORATION SYSTEM

**5. Read and Sign Below** (Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Signature

Evelyn Gallego

Type and Print Name

# Delaware

The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCT CREDIT SOLUTIONS 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-SECOND DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCT CREDIT SOLUTIONS LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2025.

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



10066276 8300

SR# 20250214502

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

A handwritten signature in black ink, appearing to read "Kristopher E. Knight".

Kristopher E. Knight, Acting Secretary of State

Authentication: 202751488

Date: 01-22-25

B3362-3843 01/22/2025 5:00 PM Received by California Secretary of State