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THE UNITED STATES CORPORATION COMPANY

02250-00045-00071

ACCOUNT NO. : 072100000032

REFERENCE : 802179 7222151

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pizit

ORDER DATE : August 17, 2000

ORDER TIME : 9:38 AM

ORDER NO. : 802179-005

CUSTOMER NO: 7222151

CUSTOMER: Mr. Dan Hoffman  
Arc-asset Recovery Contracting  
5441 Fargo Avenue

Skokie, IL 60077

MJH

W-20524

FOREIGN FILINGS

700003365227--5

NAME: ARC-ASSET RECOVERY CONTRACTING LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

RECEIVED  
DIVISION OF CORPORATIONS  
TAL LAMBERT, ILLINOIS

00 AUG 21 AM 10:47  
00 AUG 21 PM 3:37

RECEIVED  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 21, 2000

CSC  
JANNA WILSON

SUBJECT: ARC-ASSET RECOVERY CONTRACTING LLC  
Ref. Number: W00000020524

We have received your document for ARC-ASSET RECOVERY CONTRACTING LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 300A00044754

**RESUBMIT**

Please give original  
submission date as file date.

RECEIVED  
00 AUG 24 AM 9:59  
DIVISION OF CORPORATION

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ASSET RECOVERY CONTRACTING LLC (Name of foreign limited liability company)

2. ILLINOIS (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36-4116284 (FEI number, if applicable)

4. 12-2-96 (Date of Organization) 5. 11-30-2096 (Duration: Year limited liability company will cease to exist or "perpetual")

6. NOT STARTED TO OPERATE IN FL YET RENEW CONTRACTORS LICENSE # CG-C056870 # CHANGE NAME OF BUSINESS TO BE QUALIFIED (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 5441 FARGO AVE SKOKIE, ILLINOIS 60077 (Street address of principal office)

8. If limited liability company is a manager-managed company, check here [X]

9. The usual business addresses of the managing member or managers are as follows:

DANIEL A. HOFFMAN III 5441 FARGO AVE, SKOKIE, IL 60077

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

DEMOLITION & GENERAL CONTRACTING

Daniel A Hoffman III

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DANIEL A. HOFFMAN III

Typed or printed name of signer

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 AUG 21 PM 3:37

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ASSET RECOVERY CONTRACTING, LLC

2. The name and the Florida street address of the registered agent and office are:

CORPORATION SERVICES COMPANY  
(Name)

1201 HAYS STREET  
Florida street address (P.O. Box NOT ACCEPTABLE)

TALLAHASSEE FL 32301  
City/State/Zip

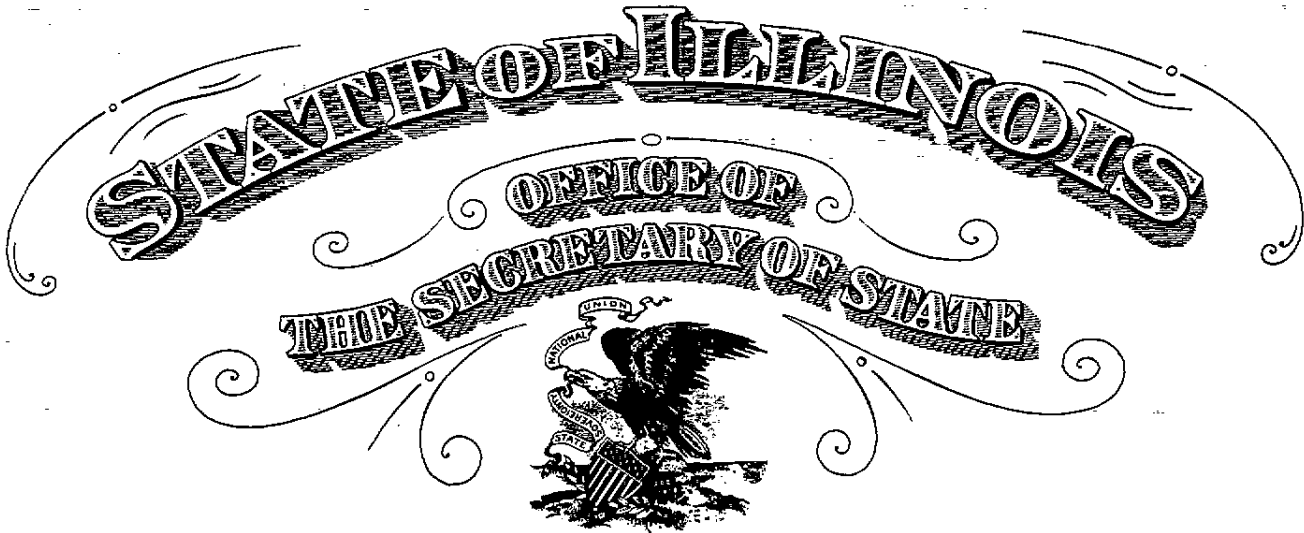
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Laura D. Medina, ASST SECRETARY

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

File Number 0009312-2



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

ASSET RECOVERY CONTRACTING, L.L.C.,  
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 02, 1996,  
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED  
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING  
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT  
BUSINESS IN THE STATE OF ILLINOIS.

*In Testimony Whereof, I, hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this* 18TH  
*day of* AUGUST *A.D.* 2000



*Jesse White*

SECRETARY OF STATE