

M10000000323

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000016459 3)))



H100000164593ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
10 JAN 25 AM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
ARS Services, LLC d/b/a Academy Recovery Services,

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 25 AM 7:59

T. HAMPTON

JAN 25 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARS Services, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary Sims  
Name of Person  
ARS Services, LLC  
Firm/Company  
8301-B Jefferson St NE  
Address  
Albuquerque, NM 87113  
City/State and Zip Code  
gsims@arsservicesllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Sims at ( 505 ) 821-1986  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of ARS Services, LLC  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

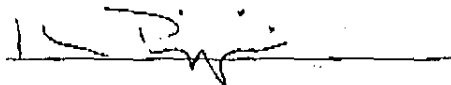
New Mexico  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 608.406, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

Academy Recovery Services, LLC  
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: January 29 2010

Signature(s) of Manager(s) and/or Managing Member(s):

	<u>Keith Philippi, Manager</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 25 AM 7:58

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. ARS Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Academy Recovery Services, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New Mexico (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. September 24, 2009 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 8301-B Jefferson St NE, Albuquerque, NM 87113 (Street Address of Principal Office)

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

9. The name and usual business addresses of the managing members or managers are as follows: Keith Philippi, 8301-B Jefferson St NE, Albuquerque, NM 87113

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: Technical field services to photo and retail industries; installing and repairing photo processing equipment and digital signage

[Signature] 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.) Keith Philippi Typed or printed name of signee

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 10 JAN 25 AM 7:59

**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:

ARS Services, LLC

If unavailable, the alternate to be used in the state of Florida is:

Academy Recovery Services, LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

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, Florida Statutes.*

C T Corporation System

By: 

(Signature)

Michael  
[unclear]

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

10 JAN 25 AM 7:59

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



OFFICE OF THE  
PUBLIC REGULATION COMMISSION

CERTIFICATE OF GOOD STANDING AND COMPLIANCE

IT IS HEREBY CERTIFIED that:

ARS SERVICES, LLC

4213898

an organization organized under the laws of

NEW MEXICO

is duly authorized to transact business in New Mexico, as a  
Domestic Organization, under the

LIMITED LIABILITY COMPANY ACT

(53-19-1 TO 53-19-74 NMSA 1978)

having filed its Articles of Organization SEPTEMBER 24, 2009  
and Certificate of Organization issued as of said date.

IT IS FURTHER CERTIFIED that fees due the Public Regulation  
Commission, which have been assessed against the aforesaid  
organization, have been paid to date and aforesaid organi-  
zation is in good standing and duly authorized to transact  
business as existence has not been revoked in New Mexico  
This Certificate is not to be construed as an endorsement,  
recommendation or notice of approval of the organization's  
financial condition or business activities and practices.  
This Certificate of Good Standing and Compliance expires  
when existence ceases as provided by law.

Dated: JANUARY 13, 2010

In testimony whereof, the Public Regulation of the  
State of New Mexico has caused this certificate to be  
signed by its Chairman and the seal of said  
Commission to be affixed at the City of Santa Fe.

Chairman  
  
Bureau Chief