

Document Number Only

B9500000028

C T CORPORATION SYSTEM

Requestor's Name

1311 Executive Center Drive, Ste. 200

Address

Tallahassee, FL 32301 (904) 656-8298

City

State

Zip

Phone

CORPORATION(S) NAME

EEER Recovery Limited Partnership

C. TAX

FILING

AGENT FEE

C. COPY

TOTAL

N. BANK

BALANCE DUE

RETRND

000001309778
-01/26/95--01017--014
*****87.50 *****87.50

☐ Profit
☐ NonProfit

☐ Foreign

☒ Limited Partnership
☐ Reinstatement

☐ Certified Copy

☐ Call When Ready
☒ Walk In
☐ Mail Out

☐ Amendment

☒ Dissolution/Withdrawal

☐ Annual Report
☐ Reservation

☐ Photo Copies

☐ Call If Problem
☐ Will Wait

☐ Merger

☐ Mark

☐ Other
☐ Change of R.A.
☐ Fictitious Name
☐ CUS / G/S

☐ After 4:30
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Name Availability	1/24/95
Document Examiner	3.00
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Verifier	
Acknowledgment	
W.P. Verifier	

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

R9400005472

by CT

file 2nd

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. RER RECOVERY LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or
transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Virginia 4. December 27, 1994
(State of Formation) (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

Connie Bryan
CONNIE BRYAN (Officer must sign on this line)
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

8. 14 Pidgeon Hill Drive, Suite 300, Sterling VA 20165
(Address of Registered Office required in State of Formation or, if not required, Address of
Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
CK RECOVERY, INC.	14 Pidgeon Hill Drive, Suite 300 Sterling VA 20165

F45000400385

10. 14 Pidgeon Hill Drive, Suite 300, Sterling, Virginia 20165
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and
capital contributions of the limited partner or limited partners until the limited partnership's
registration in Florida is cancelled or withdrawn.

12. 14 Pidgeon Hill Drive, Suite 300, Sterling, Virginia 20165
(Mailing Address of Limited Partnership)

FILED STATE
SECRETARY OF
CORPORATIONS
DIVISION
95 JAN 24 PM 2:50

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Christopher Kallivokas, President of CK Recovery, Inc., the general partner of RER Recovery Limited Partnership, a ~~(an)~~ limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 990.00.

This 23rd day of January, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

CK Recovery, Inc.
A Virginia Corporation,
General Partner

By: Christopher Kallivokas
Christopher Kallivokas,
President

STATE OF VIRGINIA
COUNTY OF LOUDOUN
DATE JANUARY 23, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Christopher Kallivokas, President of (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 23rd day of January, 1995.

Evelyn Joan Patterson
Notary Public

Seal

State of VIRGINIA at Large
My Commission Expires:
My Commission Expires July 31, 1997

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 PM 2:50

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Montan
Secretary of State
DIVISION OF CORPORATIONS

FILED

56 MAR 26 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership:

1a. DOCUMENT #
B95000000028

CK RECOVERY LIMITED PARTNERSHIP

Mailing Address

**14 PIGEON HILL DRIVE SUITE 200
STERLING VA 20165**

Principal Office Address

**14 PIGEON HILL DRIVE SUITE 200
STERLING VA 20165**

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA
01/24/1995

3a. Date of Last Report

4. State or Country of Formation
VA

City, State & Zip

HERNOON, VA 22070

5a. Capital Contributions as Shown
on Record
\$990.00

5b. Amount of Capital Contributions in
FLORIDA to date
0

6. FEI Number
54-1752866

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$8.75 Additional Fee required
for a Certificate of Status ☐

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5c. If 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.113, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5c, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Accepted)
**2000001759077
-03/27/96--01019--006**

Suite, Apt. #, etc.

******191.25 ****191.25**

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

CK RECOVERY, INC.

11a. Address of Each General Partner
(If P.O. Box, give P.O. Box Number)

**14 PIGEON HILL DRIVE
950 HERNOON PKWY
200**

11b. City, State & Zip Code

**STERLING VA 20165
HERNOON, VA 22070**

11c. Registration/
Document Number

F95000000385

**AR - \$52.50
SF - \$138.75**

3/26/96 aw

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of not compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

3/5/96

Typed or Printed Name of General Partner Signing Form **CHRISTOPHER KALLIVUEKAS, DIRECTOR OF**

Telephone Number **703-742-6789**

CK RECOVERY, INC

0003485

CR2003 (11/95)

Requestor's Name _____

Address _____

City/State/Zip _____ Phone # _____

Office Use Only

B95000000028

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

APPROVED
 FILED
 97 JUN 27 AM 9:40
 SECRETARY OF STATE
 111 W. WASHINGTON, CHICAGO, IL 60601

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700002226077--5
 -06/30/97--01044--007
 *****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

B95000000028
27 JUN 97
6:37 97
28

Examiner's Initials	
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435

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Virginia, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RER Recovery Limited Partnership
Name of the limited partnership

2. December 27, 1994 3. B95000000028
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

Richard Hollowell
927 Clint Moore Road
Boca Raton, Florida 33487

Such change was authorized by the general partners.

 3/7/97
Signature of General Partner Date

Having been named as registered agent and to accept service of process for the above stated limited partnership 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

 3/7/97
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

APPROVED
AND
FILED

JUN 27 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA