

F15000000618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
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**ACUMEN**  
SOLUTIONS GROUP

February 4, 2015

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Dedicated Commercial Recovery Inc. Application for Business Registration/Certificate of Authority

To Whom It May Concern:

Acumen Solutions Group is submitting the enclosed documents on behalf of its above-referenced client that is applying for a Business Registration/Certificate of Authority in your state.

Enclosed please find the following documents:

1. Completed Application by Foreign Corporation for Authorization
2. Certificate of Good Standing from the State of Minnesota;
3. Check for \$70.00 payable to the Secretary of State.

If you have any questions, please contact us via email to [licensing@acumensolutionsgroupllc.com](mailto:licensing@acumensolutionsgroupllc.com) or call (631) 719-5509.

Sincerely,

Anthony D'Elia  
President

Enclosure

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Dedicated Commercial Recovery Inc.

*Name of corporation - must include suffix*

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christine Manno

*Name of Person*

Acumen Solutions Group

*Firm/Company*

600 Broadhollow Road

*Address*

Melville, NY 11747

*City/State and Zip code*

licensing@acumensolutionsgroupllc.com

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Christine Manno

*at (*

631 ) 719-5509

*Name of Person*

*Area Code & Daytime Telephone Number*

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Dedicated Commercial Recovery Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota

(State or country under the law of which it is incorporated)

3. 47-2758097

(FEI number, if applicable)

4. January 15, 2015

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2355 Highway 36 W Suite 400 Roseville, MN 55113

(Principal office address)

2355 Highway 36 W Suite 400 Roseville, MN 55113

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.*

NRAI Services, Inc.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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FLORIDA

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Shawn Smith CEO/CFO/Treasurer

Address: 2355 Highway 36 W Suite 400

Roseville, MN 55113

Director: Shane Davis President/Secretary

Address: 2355 Highway 36 W Suite 400

Roseville, MN 55113

**B. OFFICERS**

President: Shane Davis

Address: 2355 Highway 36 W Suite 400

Roseville, MN 55113

Vice President: \_\_\_\_\_

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

Secretary: Shane Davis

Address: 2355 Highway 36 W Suite 400 Roseville, MN 55113

Treasurer: Shawn Smith

Address: 2355 Highway 36 W Suite 400 Roseville, MN 55113

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Shawn Smith, CEO/CFO

(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Dedicated Commercial Recovery Inc.  
Date Filed: 01/10/2015  
File Number: 805127900022  
Minnesota Statutes, Chapter: 302A  
Home Jurisdiction: Minnesota

This certificate has been issued on: 02/04/2015



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota

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STATE OF MINNESOTA  
SECRETARY OF STATE