# 

TO: Qualification/Registration Section Division of Corporations	0	
SUBJECT: ADVANCED KECOL	JERU JERNIAS	: 110.
(Name of Corp	oration)	, <u> </u>
Dear Sir or Madam:		
Limited 2 The enclosed "Application by Foreign Not for Prof	Liability Corporation	<sub>ກ</sub>
its Affairs in Florida", "Certificate of Existence", a	*t-Corporation for Authorized to a	zation to Conduct
referenced not for profit corporation to conducts its	affairs in Florida.	egister the above
Please return all correspondence concerning this m	atter to the following:	
$\rho$ –	<del>.</del>	14. 14. 18. 19. 19.
MICHELE NOSEN	1 hAL	
	1300)	FILED Y 30 PM HTARY OF
MICHELE ROSEN (Name of Per ADVANCED RECOVERY SERV Firm/Comp	EVICES LLC	FILED  MAY 30 PM 1: 20  CRETARY OF STATI  LLAIMSSEE, FLORIE
A / C	many)	LIST F. 2
1050 KENNESAW SPRING	GS DRIVE	<b>夏</b> 州 6
KENNESAW, GEORGIA (City, State and	<b>s</b> }	
KENNESAW, CIEDRGIA	9 30144	
(City, State and 2		032708109
For further information concerning this matter, plea		5/30/0001126003 ***160.00 ****160.00
MICHELE NOSENTHAL at (6)	18 1354 - 77	762-1-7
/(Name of Person)	Area Code & Daytime Teleph	ione Number
STREET ADDRESS:	MAILING ADDRESS:	Name Availability
Qualification/Tax Lien Section Division of Corporations	Qualification/Tax Lien Son Division of Corporations	ection
409 E. Gaines St. Tallahassee, FL 32399	P. O. Box 6327 Tallahassee, FL 32314	Emandrish
Enclosed is a check for the following amount: 7		_ipdajar [4
	•	L'of er
G <del>-\$70.00 Filing Fee</del> □ <del>\$78.75 Filing Fee</del> & □ Gertificate of Status	\$78.75 Filing Fee & (3) Certified Copy	\$87.50 Fitting—Fee,
	+ <b>-</b> - <b>F</b> J	Certified Copy,
		····T`V

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

LI	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	ADVANCED RECOVERY SERVICES LLC
	(Name of foreign limited liability company)
2	GEORGIA 3. 58-2534382
- 7	Jurisdiction under the law of which foreign limited liability company is organized)  3. 58-2534382  (FEI number, if applicable)
•	ompany is organizedy
4.	(Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
_	
6.	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
	Date hist transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	1050 Kennes An Springs DRIVE ST 3 7
	Va. Garage Sand
	1050 Kernes Aw Springs DRIVE DE WE Kernes Aw, Gengia, 30144 ED BO (Street address of principal office)
	Kennes Aw. Gengia, 30144 Egg 20 (Street address of principal office)
8.	If limited liability company is a manager-managed company, check here
	<del>-</del>
9.	The name and usual business addresses of the managing members or managers are as follows:
	MICHELE ROSENTHAL 1050 KENNESAW SAS Dr. KENNESAW, GA 30144 CHRISTOPHER FOWLER 1050 KENNESAW SPAS DR. KENNESAW, GA 30144
	- INTERFECE KUSENTHAL 1050 KENNESAW JAGS Dr., KENNESAW, (7A 30144
	CARISTACHER FOUNTER 1050 Konson Con De V
	JANS, G. SPINER POLICIE TO SO NENDESAW SPAS DIE., KENNESAW, (TA 30/4)
Λ	A44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
 1	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
t	he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)
1.	Nature of business or purposes to be conducted or promoted in Florida:
	AND Remarketing
	11 11 1 1
	Michely KBenthal
	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.)
	MICHELE ROSENTHAL
	Typed or printed name of signee
	2. I

## 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:		
ADVANCED RECOVERY SERVICES LLC		<u>.                                    </u>
2. The name and the Florida street address of the registered agent and office are:	90	
JERRY ARTHUR TRUCK Sales	00 MAY 30	<u> </u>
(Name)	0	M
1960 NW 77 P STREET- Old County Rd Florida street address (P.O. Box NOT ACCEPTABLE)	至 320	:0 !6
OCALA, FIORIDA FL 34475 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..

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### **Secretary of State**

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 001360196
CONTROL NUMBER : 0018984
DATE INC/AUTH/FILED: 04/20/2000
JURISDICTION : GEORGIA
PRINT DATE : 05/15/2000

FORM NUMBER : 211

ADVANCED RECOVERY SERVICES LLC MICHELE ROSENTHAL 1050 KENNESAW SPRINGS DR KENNESAW, GA 30144

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## ADVANCED RECOVERY SERVICES, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State