## JUUUO01718 02250-00645-00le71

ACCOUNT NO. : 072100000032

REFERENCE : 802179

7222151

AUTHORIZATION :

COST LIMIT :

\$ 155.00

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

FOREIGN FILINGS 700003365227-

MJH

NAME:

ARC-ASSET RECOVERY CONTRACTING

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson



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.

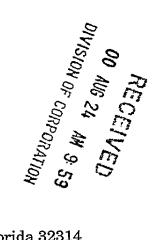
If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 300A00044754

### RESUBMIT

Please give original submission date as file date.



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

<sup>—</sup> IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTED LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	R A FC	OREIGN
1. ASSET RECOVERY CONTRACTING LLC (Name of foreign limited liability company)		_
2. TLLINOIS  (Jurisdiction under the law of which foreign limited liability  (FEI number if applicable)		_ · '
company is organized)		
4. 12-2-96  (Date of Organization)  (Duration: Year limited liability company will	ase to	<del>-</del>
7. 5441 FARGO AVE		
Skokie, TLLidois 60077 (Street address of principal office)		_ : : :
8. If limited liability company is a manager-managed company, check here		
9. The usual business addresses of the managing member or managers are as follows:		
DALIEL A. HOFFMAN TIL 5441 FARGO AVE, SKOKIE, IL	60	77
· · · · · · · · · · · · · · · · · · ·		<u>-</u> -
<u> </u>	<u></u>	<del>-</del>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custometric jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languation of the certificate under oath of the translator must be submitted.)	dy of re age, a	ecords in
11. Nature of business or purposes to be conducted or promoted in Florida:		- 0
DEMOLITION & GENERAL CONTRACTION G	<u>}</u>	SEQ.
Daniel A Hoffmain	JG 2 I	문문 무지도
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	2	CORPC CORPC
an affirmation under the penalties of perjury that the facts stated herein are true.)  DANIEL A. HOFFMAN III	PH 3: 37	Y OF STATE CORPORATIONS
Typed or printed name of signee	7	<b>2</b> €

#### 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.

The name of the Limited Liability Company is:	
ASSET RECOVERY CONTRACTING, LLC	
·	
The name and the Florida street address of the registered agent and office are:	
CORPORATION SERVICES COMPANY	
1201 HAYS STREET Florida street address (P.O. Flox 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. Mudra-, 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)



#### 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.

# STATE OF THE STATE

#### In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_august A.D. \_\_\_\_\_.

Desse White