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J. BRYAN APR 2 4 2002

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Certificate of Status ☐ Mail out ☐ Will wait ☐ Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials**

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

COMPLIANCE WITH SEC TITED LIABILITY COMI	PANY TO TRANSACT I	ASTATUTES BUSINESS IN	THE FOLLOWING IS SUITED THE STATE OF FLO.	BMITTED TO REGI RIDA: 👸	2
	Debt Re	covery Solution	ns, LLC	Pili	5 T
			liability company)	7.0	7
NY		_		555230 F	10 P
(Jurisdiction under the law company is organized)	of which foreign limited l	iability 3		er, if applicable)	100 P.
,	2/15/02	5.	Perpetual	•	027
(Date of O	rganization)		Duration: Year limited lia	bility company wi	II cease to
Upon Qualificat	ion				
	transacted business m Flor	ida. (See sectio	ons 608.501, 608.502, an	d 817.155, F.S.)	
	50 Bonaire Dr.				
	Dix Hills	NV	11746		
	(Street a	ddress of prin	<u>' 11746</u> cipal office)		
If limited liability con	many is a manager-ma	maged comr	nany check here		
	A) was a warranger was	amgeu comp	many, enterin 12		
The name and usual b	usiness addresses of th	e managing	members or manage	rs are as follows	:
Descripe Caleman	50 D 1 . D D1	7777 377744	***		
Ruvin Schwartz	50 Bonaire Dr. Dix	Hills NY 117	'46		1000
Donald Schwartz	50 Bonaire Dr. D	ix Hills NY 11	1746		
T					
Elliot Schwartz	50 Bonaire Dr. Dix	Hills NY 117	46		
Attached is an orignal certi	ficate of existence, no more	than 90 days of	d. duly authenticated by t	the official having c	ustody of records in
the jurisdiction under the la	w of which it is organized.(A	photocopy is a	not acceptable. If the cer	tificate is in a forei	gn language, a
translation of the certificate	under oath of the translator	r must be submi	itted.)		
NT / C1 *					
. Nature of business or	purposes to be conduc	ated or prom	oted in Florida:		
T) _e	ebt Collections	<i>Y</i> /			
	or conections	/ 			·
				et _e t i e e ci e i i i i	, =
Sig	gnature of a member or	an authoriz	ed representative of a	member.	
(In	accordance with section 608.4	408(3), F.S., the	execution of this document	t constitutes	
an	affirmation under the penaltic	s of perjury tha	t the facts stated herein are	true.)	
	Donald Si	hwas t	7		
	Typed or r	orinted name	ofsignee		

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:	
	\
2. The name and the Florida street address of the registered agent and office are:	`.C
LexisNexis Document Solutions Inc. (Name)	ري خ
3953 W.W. Kelley Road Florida street address (P.O. Box NOT ACCEPTABLE)	
Tallahassee, FL 32311 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 Ifurther 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 ofmy position as registered agent as provided for in Chapter 608, F. S

re)

\$100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York SS: **Department of State**

I hereby certify, that DEBT RECOVERY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/15/2002, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.

A Certificate of Amendment DEBT RECOVERY, LLC, changing its name to DEBT RECOVERY SOLUTIONS, LCC, was filed 03/01/2002.

> Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of March two thousand and two.

Secretary of State 200203290077 51