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SEAL OF THE
TALLAHASSEE, FLORIDA

LEADING EDGE RECOVERY SOLUTIONS, L.L.C.
8550 BRYN MAWR, SUITE 350
CHICAGO, IL 60631

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

To Whom It May Concern:

Enclosed you will find the completed Application for Authorization to Transact Business for a Foreign Limited Liability Company.

You will also find our required fee and other forms that need to be filed.

Please send any mail correspondence to: _____

JAMES CREWS
LEADING EDGE RECOVERY SOLUTIONS, L.L.C.
8550 BRYN MAWR, SUITE 350
CHICAGO, IL 60631

If you have any questions regarding this application, please contact James Crews (773) 380-8800 or by fax at (773) 380-8802. _____

Sincerely,



James Crews
Managing-Member

JC/ew

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

These documents have been completed by Erica Witt, on behalf of our member. If you have any further questions, please call (952) 928-8000 ext. 245.
ACA International

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Leading Edge Recovery Solutions, L.L.C.
(Name of foreign limited liability company)
2. Illinois 3. 41-2098248
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 06/02/2003 5. 2033
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 8550 Bryn Mawr, Suite 350, Chicago, IL 60631
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Anthony Lane Crews, 8550 Bryn Mawr, Suite 350, Chicago, IL 60631

James Derrick Crews, 8550 Bryn Mawr, Suite 350, Chicago, IL 60631

Bryan John Lubeck, 8550 Bryn Mawr, Suite 350, Chicago, IL 60631

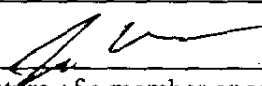
Anthony Paul Nuzzo, Jr., 1711 N. Rand Road, Palatine, IL 60074

SEE ATTACHMENT

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Debt Collection.


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.)

James Crews

Typed or printed name of signee

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

Attachment to Florida

Member / Manager Information

1. Full Name:	Carter Bradley Crews
Member/Manager:	Member
Business Address:	1370 Timberlake Manor Parkway
City:	Chesterfield
State:	MO
ZIP Code:	63017

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TALLAHASSEE, FLORIDA

**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:

Leading Edge Recovery Solutions, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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TALLAHASSEE, FLORIDA

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.

C T Corporation System

By:

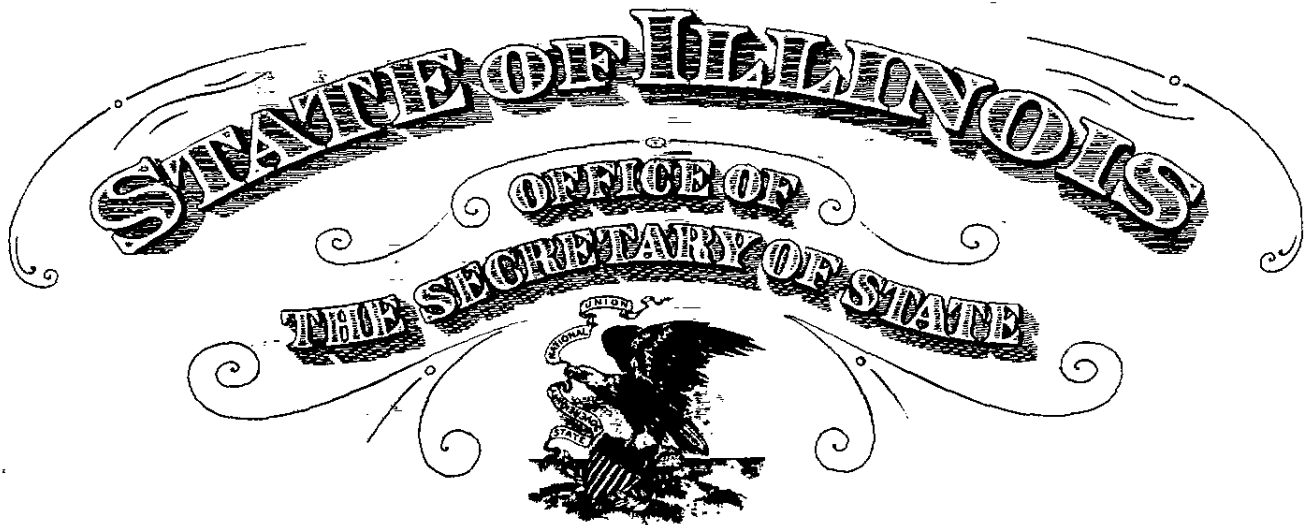
Andrea Mitlyng
(Signature)

**Andrea Mitlyng
Assistant Secretary**

**\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)**

File Number

0093079-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LEADING EDGE RECOVERY SOLUTIONS, L.L.C.,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 02, 2003,
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.



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this*
day of *AUGUST* *6TH* *2003*
A.D.

Jesse White

SECRETARY OF STATE