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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

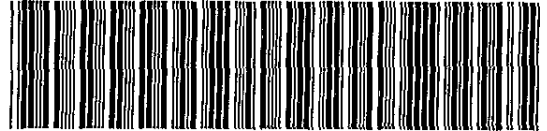
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA



September 2, 2003

To Whom It May Concern:

Please forward a certified copy of the Certificate of Authority for your State to:

Ascension Recovery Management  
PO Box 907  
Santa Clarita, CA 91380-0907

If you have any questions, you may contact us directly at (661) 702-0080.

Sincerely,

Dean Richardson  
Vice President

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TALLAHASSEE, FLORIDA

August 14, 2003

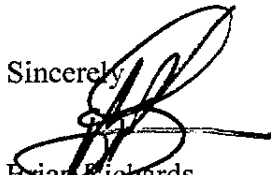
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed a fee in the amount of \$155.00 for registration of our foreign LLC,  
designation of Registered agent and request for certified copy.

Please contact me if I can be of further assistance.

Sincerely,



Brian Richards  
President Ascension Recovery Management, LLC  
28035 Ave. Stanford  
Valencia, CA 91355  
Ph 661 702 0080  
Fax 661 702 0288  
Email [brianarmllc@sbcglobal.net](mailto:brianarmllc@sbcglobal.net)

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TALLAHASSEE, FLORIDA

**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. Ascension Recovery Management, LLC  
(Name of foreign limited liability company)
2. CA  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 91-2198127  
(FEI number, if applicable)
4. 7/10/03  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Pending, upon completion of authorization process  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 28035 Avenue Stanford Valencia CA 91355  
(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:  
Brian Richards, Same as above
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: Collection Agency

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.)

Brian Richards  
Typed or printed name of signee

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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:

Ascension Recovery Management, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

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

Tallahassee

FL 32301

(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.*

By: Mark Schaeffer

(Signature)

Mark Schaeffer Asst Sec NRAI

\$ 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

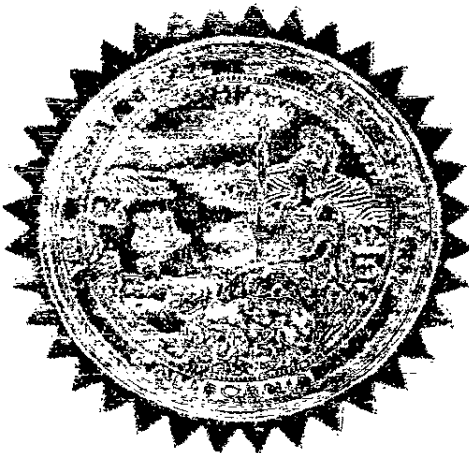
### CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **10th day of July, 2003, ASCENSION RECOVERY MANAGEMENT, LLC**, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 21, 2003.

*Kevin Shelley*  
KEVIN SHELLEY  
Secretary of State