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ACCOUNT NO. : 072100000032

REFERENCE : 304129

7406578

AUTHORIZATION : ~

COST LIMIT :

ORDER DATE: October 31, 2003

ORDER TIME : 10:33 AM

ORDER NO. : 304129-005

CUSTOMER NO: 7406578

CUSTOMER: Bob W. Loviza, Jr.

The Debit Cure, Llc 20 Leonard Road

Saratoga Spring, NY 12866

FOREIGN FILINGS

NAME: THE DEBT CURE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

.

CONTACT PERSON: Kimberly Moret -- EXT# 1149

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, TH	<u>.</u>				
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE	TEOFFLORIDA:				
1. THE DEST CURE, LLC (Name of foreign limited	liability company)				
2. New York 3 3	(FEI number, if applicable)				
company is organized)					
4. Oct 21, 2003 5.	PERPETUAL Duration: Year limited liability company will cease to				
(Date of Organization) (1	exist or "perpetual")				
6Upon Qualification					
(Date first transacted business in Florida. (See section	ons 608.501, 608.502, and 817.155, F.S.)				
7. <u>20 Leonard Ro</u>					
SARATOGA SPRINGS, NY	13866				
(Street address of prin	ncipal office)				
8. If limited liability company is a manager-managed comp	pany, check here				
	· ·				
9. The name and usual business addresses of the managing	_				
ROBERT W LOVIZA JR	JUSTIN R MORAN				
20 LEONARD RO	20 LEONARD RO				
	SARATOGA SPRINGS, NY 1286				
· · · · · · · · · · · · · · · · · · ·	VICE PRESIDENT				
PRESIDENT	VICE TRESIDENT				
10. Attached is an original certificate of existence, no more than 90 days of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign language, a				
11. Nature of business or purposes to be conducted or pror	noted in Florida: DG6T				
SOTTLEMENT COMPANY					
DHIT					
Signature of a member or an authorize	yad representative of a member				
(In accordance with section 608.408(3), F.S., the	execution offnis document constitutes				
an affirmation under the penalties of perjury tha	t the facts stated herein are true.)				

Typed or printed name of signee

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 o	of the Limited Liability (Company is:			
THE	DEET CURE	LLC_		····-	
2. The name a	and the Florida street add	lress of the registe	ered agent and office ar	e:	
	Corporation Ser	ruico Company			
	- Corporation Ser	(Name)			
	1201 Hays Street				
Florida street address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee,	FI.	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.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York Department of State

I hereby certify, that THE DEBT CURE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/21/2003, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of October two thousand and three.

Secretary of State

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