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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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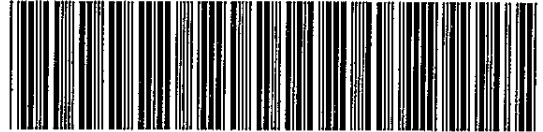
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2004 JUN - 1 PM 3:08
DEPT OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 9 2004

BUREAU OF RECOVERY LLC.
540 NORTH GOLDEN CIRCLE DRIVE, #300
SANTA ANA, CA 92705

FILED
2004 JUN - 1 PM 3:00
J. H. HUGHES CORPORATION'S
TALLAHASSEE, FLORIDA

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

To Whom It May Concern:

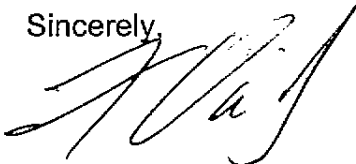
Enclosed you will find our completed Application for Authorization to Transact Business for a Foreign Limited Liability Company. You will also find our required fee and other forms that need to be filed.

Please send any mail correspondence to:

DANNY VAHID
BUREAU OF RECOVERY LLC.
540 NORTH GOLDEN CIRCLE DRIVE, #300
SANTA ANA, CA 92705

If you have any questions regarding this application, please contact Danny Vahid at 714-953-0300 or by fax at 714-953-3075.

Sincerely,



Farshid Vahid
Managing-Member

FV/le
Enclosures

These documents have been completed by Lisa Eubanks, on behalf of our member.
If you have additional questions, please call (952) 928-8000 ext. 240.
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. Bureau of Recovery LLC.
(Name of foreign limited liability company)

2. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 33-0991196
(FEI number, if applicable)

4. 01/10/2002
(Date of Organization)

5. Perpetual
(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. 540 N. Golden Circle Dr., #300, Santa Ana, CA 92705
(Street address of principal office)

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

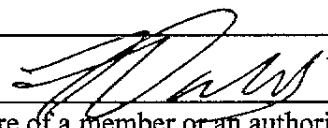
9. The name and usual business addresses of the managing members or managers are as follows:

Farshid Danny Vahid, 540 N. Golden Circle Dr., #300, Santa Ana, CA 92705

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.)

Farshid Danny Vahid, Managing-Member

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 of the Limited Liability Company is:

Bureau of Recovery LLC.

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)

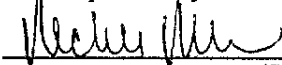
Plantation, FL 33324

(City/State/Zip)

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:



(Signature)

**Michele Miller
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)

FILED
2004 JUN -1 PM 3:08
JULY 13 2004
TALLAHASSEE, FLORIDA

State of California

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 January, 2002**, **BUREAU OF RECOVERY, 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 May 13, 2004.



Kevin Shelley
KEVIN SHELLEY
Secretary of State

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