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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

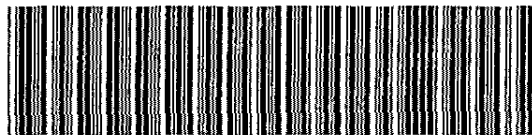
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2004 NOV 19 PM 2:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV 29 2004

Richard J.  
**Boudreau & Associates, LLC**  
Attorneys At Law  
5 Industrial Way  
Salem, New Hampshire 03079  
Telephone (603) 890-1644  
Facsimile (603) 890-6790  
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Richard J. Boudreau\*  
Arthur J. Tessimond, Jr. \*\*  
Robert L. O'Brien\*\*†  
Adam Zlotnick\*‡

\*Admitted in Massachusetts  
\*Admitted in New Hampshire  
† Admitted in Iowa, Nebraska  
‡ Admitted in Oklahoma

November 12, 2004

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

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2004 NOV 19 PM 2:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RE: Application for Registration for Certificate of Authority – Foreign LLC

Dear Sir or Madam:

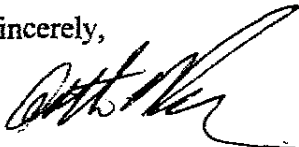
This office represents Global Recovery Services, LLC.

Please find enclosed its Application for Registration for Certificate of Authority by Foreign LLC, as well as an original Certificate of Existence from the State of New Hampshire. Also enclosed is a check in the amount of \$125.00 as the requisite application fee.

Kindly notify me when the application has been approved. Please do not hesitate to contact me with any questions or concerns.

Thank you.

Sincerely,



Arthur J. Tessimond

Enclosures  
AJT/jac

**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. Global Recovery Services, LLC  
(Name of foreign limited liability company)
2. New Hampshire 3. 20-1650639  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. September 16, 2004 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon approval of this application  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 5 Industrial Way  
Salem, NH 03079  
(Street address of principal office)

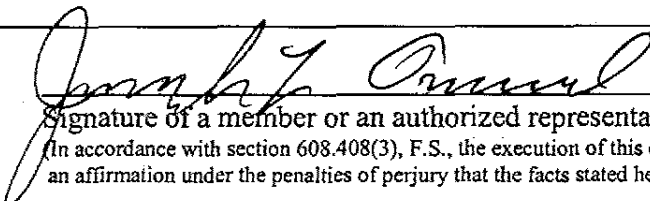
8. If limited liability company is a manager-managed company, check here ☒

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

Joseph L. Ormond, 5 Industrial Way, Salem, NH 03079

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.)

Joseph L. Ormond, 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:

Global Recovery Services, 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)

*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.*  
NRAI Services, Inc.

By: 

(Signature)

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

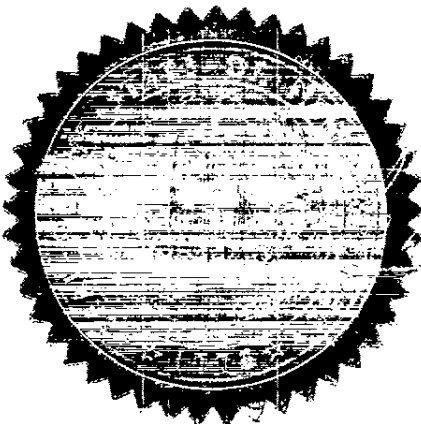
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

State of New Hampshire  
Department of State

CERTIFICATE OF EXISTENCE

FILED  
2004 NOV 19 PM 2:35  
JULIUS S. CORPORATIONS  
TALLAHASSEE, FLORIDA

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GLOBAL RECOVERY SERVICES, LLC is a New Hampshire limited liability company formed on SEPTEMBER 16, 2004. I further certify that all fees required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.



IN TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28<sup>TH</sup> day of OCTOBER, A.D. 2004

*William M. Gardner*

William M. Gardner  
Secretary of State