Florida Department of State Division of Corporations

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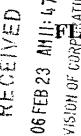
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## FEORIDA/FOREIGN LIMITED LIABILITY CO.

## CF RECOVERIES, LLC

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIC LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CF Recoveries, I			
*	(Name of Foreign Limited Liability Company)		
Connecticut	3. N/A		
(Junisdiction unde company is organ	er the law of which foreign limited liability (FEI number, if applicable lized)	:)	
01/19/2006	5. Perpetual		
	site of Organization) (Duration: Year limited liability compared exist or "perpetual")	iy will ceas	s to
Upon filing.			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		2
733 Summer Sm	rect	AL I	2006
Stamford, CT 0	6901	AFT	83
	(Street Address of Principal Office)	<u> </u>	<del>ال</del> ات س
. If limited liab	allity company is a manager-managed company, check here	YOU	
. The name and	i usual business addresses of the managing members or managers are as fo	llows:	Ç
Peter Shafran		10, 15	ر د د
733 Summer S	itreet		
Stamford, CT 0	26901		
e jurisdiction under anslation of the cert	iginal certificate of existence, no more than 90 days old, duly authenticated by the official having the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore difficate under cath of the translator must be submitted.)  Is incess or purposes to be conducted or promoted in Florida:  To engage in an	ien languag	e, a
activity permitte	al by law.		
	2		
	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 penjury that the facts stated herein are true.)		
	Peter Shafran, Member		
	Typed or printed name of signee		

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## 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

FLORIDA.	ATE A REGISTERED	Office and registered agent in	IMESIATEOF	
1. The name	of the Limited Liabilit	ty Company is:		
CF Recoveries,	LLC			
2. The name	and the Florida street	address of the registered agent and office ar	re:	
	Corporation Service C	Company		
		(Name)	<del></del>	
	1201 Hays Street		70 2	
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	2006 FEB SEGRETI	-
	Tallahassee	FL 32301 City/State/Zip	EB 23	
		Onyonana Lip	EE, F	
liability compositions agent and agreed the control of the compositions of the compositions agent the composition agent the composit	any at the place designo ree to act in this capacit proper and complete p	ent and to accept service of process for the al ated in this certificate, I hereby accept the ap ty. I further agree to comply with the provision performance of my duties, and I am familiar v red agent as provided for in Chapter 608, Flo	bove stated limited ?  pointment as registered ons of all statutes  with and accept the	2

\$ 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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61-00 Rev 2844

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

CF RECOVERIES, LLC

organized under the laws of Connecticut as a Limited Liability Company, was filed in this office on January 19, 2006 and is in existence as of the date of this certificate.

Secretary of the State

Date Issued: February 22, 2006