

MO6000001503

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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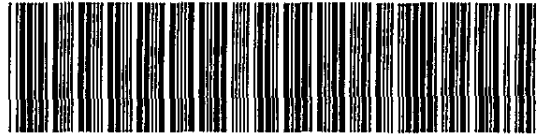
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FOR LLC

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WOL-61435

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Platinum Recovery Services, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Susan Phillips Evans
(Name of Person)

Platinum Recovery Services, LLC
(Firm/Company)

2929 Fulton Ave Suite 10A
(Address)

Sacramento, CA 95821
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Phillips Evans at (866) 333-9411
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

SUSAN PHILLIPS EVANS
2929 FULTON AVENUE, STE. 10A
SACRAMENTO, CA 95821

SUBJECT: PLATINUM RECOVERY SERVICES, LLC
Ref. Number: W0600009435

We have received your document for PLATINUM RECOVERY SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

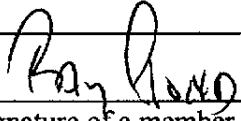
Leslie Sellers
Document Specialist

Letter Number: 406A00013346

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Platinum Recovery Services, LLC
(Name of Foreign Limited Liability Company)
2. California
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-2920542
(FEI number, if applicable)
4. June 02, 2006
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2929 Fulton Ave, Suite 10A
Sacramento, CA 95821
(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:
Ray Pond 4705 Whistlewood Ct. Antelope, CA 95843
Susan Phillips Evans 3505 Saxon Mist Ct. Nashville, TN 37217
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.)

Ray Pond President/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:

Platinum Recovery Services, 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)

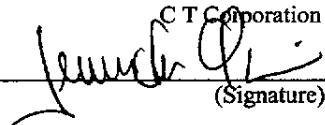
Plantation, Florida 33324

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, Florida Statutes.

C T Corporation System

By: _____


(Signature)

**Jennifer Quinn
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)

State of California
Secretary of State

CERTIFICATE OF GOOD STANDING
CALIFORNIA LIMITED LIABILITY COMPANY

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **2nd day of June, 2005**, **PLATINUM RECOVERY SERVICES 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 March 6, 2006.



BRUCE McPHERSON
Secretary of State



SECRETARY OF STATE
STATE OF CALIFORNIA

NOTICE OF CHANGE
-Certificates-

Effective Friday, April 1, 2005, all certificates issued by the Business Programs Division will have the signature of our new Secretary of State, Bruce McPherson.

In addition, the California Secretary of State is currently undergoing an extensive Business Programs Automation ("BPA") Project applicable to business entity filing and order requests made with this office. Once the new system is implemented, all certificates (of preparation, comparison, filing, status/good standing, qualification and registration) generated by the Business Entities Section of the Business Programs Division will be electronically printed in black ink on standard white paper. While the BPA project remains ongoing, as a pre-cursor to its implementation, all certificates generated by the Business Entities Section on or after March 5, 2005, will be black and white. In addition, all notary public commission certificates and Special Filings certificates will be black and white.

Your cooperation in honoring our certificates is requested. A copy of this notice is posted on our website at www.ss.ca.gov under the California Business Portal. If you have any questions, you may call (916) 657-5448.

BUSINESS PROGRAMS 1500 ITH STREET, 3RD FLOOR • SACRAMENTO, CA 95814 • TEL 916 653 3984 • FAX 916 653 0138 • WWW.SS.CA.GOV

PROGRAMS ARCHIVES, BUSINESS PROGRAMS, ELECTIONS, INFORMATION TECHNOLOGY, CALIFORNIA STATE HISTORY MUSEUM,
MANAGEMENT SERVICES, SAFE AT HOME, DOMESTIC PARTNERS REGISTRY, NOTARY PUBLIC, POLITICAL REFORM