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Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CACV OF COLORADO, LLC		
(Name of Lin	nited Liability Company)	
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited	
Please return all correspondence concerning this r	natter to the following:	
ROBERT POWELL		
(Na	ame of Person)	
CACV OF COLORADO, LLC		
(Fi	rm/Company)	
370 17TH STREET, SUITE 5000	<u>.</u>	
	(Address)	
DENVER, CO 80202		
(City/Si	tate and Zip Code)	
For further information concerning this matter, ple	ease call:	
ROBERT POWELL	at (303) 296-3345 EXT 377	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	e transition of the state of th	
✓ \$125.00 Filing Fee		

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.	CACV OF COLORADO, LLC (Name of Foreign Limited Liability Company)	
	COLORADO 3. 84-1524565	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
1	03/05/2002 5. PERPETUAL 12/31	
4.	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	NOT APPLICABLE	
٥.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	370 17TH STREET, SUITE 5000, DENVER, CO 80202	
	(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:	
	P SCOTT LOWERY, MANAGER 370 17TH STREET, SUITE 5000, DENVER, CO 80202	
••		
the	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida: DEBT BUYER 200 00 00 00 00 00 00 00 00 00 00 00 00	
	00 Am	8
	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	Escará.
	an animation under the penalties of perjury that the facts stated herein are true.)	(Complete
	TIMOTHY DAHLTORP □ □ □ ○	

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:	
CACV OF COLORADO, LLC		
2. The name and the Florida street a	ddress of the registered agent and office are:	
CT CORPORATION		
	(Name)	
1200 S PINE ISLAND		
Florida Street Address (P.O. Box <u>NOT</u> 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, Florida Statutes. CT CORPORATION SYSTEM

By: High M Glasch
(Signature)

Hiedi Liesch 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)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Ginette Dennis, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CACV OF COLORADO, LLC

is a Limited Liability Company

formed or registered on 03/05/2002 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20021053155.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/12/2006 that have been posted, and by documents delivered to this office electronically through 06/16/2006 @ 08:08:47.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/16/2006 @ 08:08:47 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6516705.



Sinette Dennis

Secretary of State of the State of Colorado

End of Certificate***********************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."