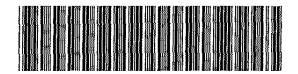
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u></u>				

Office Use Only



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COVER LETTER

Division of C					
SUBJECT: ROI Rec		mited Liability Company)			
Florida," Certificate		iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited			
Please return all corre	espondence concerning this	matter to the following:			
Gordon	n Shaffer				
	(1)	ame of Person)			
ROI Re	covery, L.L.C.				
	(F	irm/Company)			
302 Campusview Drive #101					
		(Address)			
Columb	oia, MO 65201				
	(City/S	State and Zip Code)			
For further information	on concerning this matter, pl	ease call:			
Gordon Shaffe	er	at (573) 886-8643			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING A	DDRESS:	STREET ADDRESS:			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
rananassee, r	°L 3231+	Tallahassee, FL 32301			
Enclosed is a check for \$125.00 Filing	or the following amount: g Fee □ \$130.00 Filing Fee & Certificate o				

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:

(Name of Foreign Limited	Liability Company)	
Missouri (Jurisdiction under the law of which foreign limited liability company is organized)	3. 35-2272423 (FEI number, if applicable)	
06/19/2006 (Date of Organization)	5. 3000 (Duration: Year limited liability company will cease to exist or "perpetual")	
Upon Qualification(Date first transacted business in F (See sections 608.501 & 608.502 F.) 302 Campusview Drive #101, Columbia, MO 65201	Florida, if prior to registration.) S. to determine penalty liability)	
	ss of Principal Office)	
If limited liability company is a manager-manage. The name and usual business addresses of the man	DA 66	2
Gordon Frederick Shaffer, 302 Campusview Drive #101, C	Columbia, MO 65201	
Gregory Scott Ousley, 302 Campusview Drive #101, Colu	ımbia, MO 65201	
O. Attached is an original certificate of existence, no more than 90 to jurisdiction under the law of which it is organized. (A photoco anslation of the certificate under oath of the translator must be sub-	opy is not acceptable. If the certificate is in a foreign language, a bmitted.)	
Debt Collection	or promoted in Florida:	-
(In accordance with section 608.408(3),	f.S., the execution of this document constitutes right that the facts stated herein are true.)	-
Gregory S. Ousley Typed or printe	ed 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 Cor	mpany is:	
ROI Recovery, L.L.C.		
2. The name and the Florida street address	ss of the registered agent and office are:	
C T Corporation System	(Name)	06 SEP SECRE TALLAH
1200 South Pine Island Road Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	ASSE
Plantation	FL 33324 City/State/Zip	PM 12: 26 OF STATE E, FLORIDA
Having been named as registered agent an	d to accept service of process for the abo	ve stated limited

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.

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)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

ROI RECOVERY, L.L.C. LC0746601

was created under the laws of this State on the 19th day of June, 2006, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 13th day of September, 2006

Secretary of State

Certification Number: 9049411-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification

