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(City/State/Zip/Phone #)

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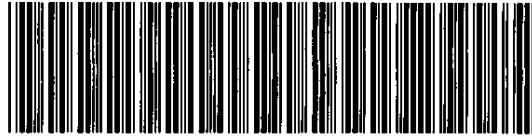
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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W07-37202
BRYAN JUL 31 2007

JB



Mailed 8/18/07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2007

ROBERT POWELL
COLLECTION LICENSING, LLC
10500 IRMA DR. #7-105
NORTHGLENN, CO 80233

SUBJECT: FIRST INTEGRAL RECOVERY, LLC
Ref. Number: W07000037202

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We have received your document for FIRST INTEGRAL RECOVERY, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

We didn't receive 2nd page of application listing registered agent.,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 507A00047606

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST INTEGRAL RECOVERY, 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:

ROBERT POWELL
(Name of Person)

COLLECTION LICENSING, LLC
(Firm/Company)

10500 IRMA DR. #7-105
(Address)

NORTHGLENN, CO 80233
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT POWELL/ robert@collectionlicensing.com at (303) 451-1586
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

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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 TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FIRST INTEGRAL RECOVERY, LLC
(Name of Foreign Limited Liability Company)
2. TEXAS
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 45-0559652
(FEI number, if applicable)
4. 4/9/07
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 9898 BISSONNET ST., SUITE 670

HOUSTON, TX 77036

(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:

ATIM R. TOLBERT 9898 BISSONNET ST., SUITE 670, HOUSTON, TX 77036

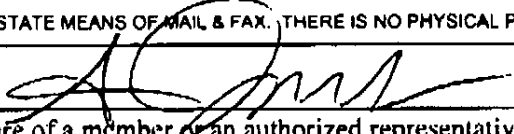
OMOTAYO LAWAL 9898 BISSONNET ST., SUITE 670, HOUSTON, TX 77036

ANTOINETTE SCOTT 9898 BISSONNET ST., SUITE 670, HOUSTON, TX 77036

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 VIA INTERSTATE MEANS OF MAIL & FAX. THERE IS NO PHYSICAL PRESENCE IN FLORIDA.


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.)

ATIM R. TOLBERT

Typed or printed name of signer

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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.

1. The name of the Limited Liability Company is:

FIRST INTEGRAL RECOVERY, LLC

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston

FL 33331

City/State/Zip

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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.

NRAI Services, Inc.

By: 

(Signature)

MICHAEL J. MIRRIONE, 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) |

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Phil Wilson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for First Integral Recovery, LLC (file number 800799239), a Domestic Limited Liability Company (LLC), was filed in this office on April 09, 2007.

It is further certified that the entity status in Texas is in existence.

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 15, 2007.



A handwritten signature of Phil Wilson in black ink.

Phil Wilson
Secretary of State