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TO: Registration Section Division of Corporations	
SUBJECT: SMS Financial Recovery Services, L (Name of Limited Liability Company)	.LC
The enclosed "Application by Foreign Limited Liability Company for Authorization to T Florida," Certificate of Existence, and check are submitted to register the above reference liability company to transact business in Florida	
Please return all correspondence concerning this matter to the following:	
Jonathan Hoffer	
(Name of Person)	
SMS Financia / LLC (Firm/Company)	<u>. </u>
2645 N. 7th Avenue	
(Address)	
Phoenix, Arizona 85007	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Jonathan Hoffer at (602) 944 062 (Area Code & Daytime Telephone	e 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	
	ing Fee, Certificate Status & Certified Copy

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 FOREIC LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. SMS Financial Recovery Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtee consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
A
2. Arizona 3. 26-0302653 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. O6-06-2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. NA - Please file effective January 1, 2008 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
2 2645 11 7th A100110
Phoenix, Arizona 85007 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
/ ယူ က
9. The name and usual business addresses of the managing members or managers are as follows:
2645 N. 7th Avenue
Phoenix, AZ 85007
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.)
Jonathan Hoffer
Typed or printed name of signée'

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 nam	ne of the	Limited Liab	ility Comp	oany is:				
	SMS	Financ	ial P	Recover	<u>Se</u>	ruices	LLC	
If name una				be used in the sta	1			
2. The nam	ne and the	Florida stre	et address	of the registered	d agent a	and office ar	e:	
		1	Richa	d Stor	fer			
				(Name)	,			
	4	O\ C. Florid	LOS O	las Blvd dress (P.O. Box N	# OT ACCE	650 TABLE)		
	<u> </u>	Lauder	dale	FL City/State/Zip	. 3	33301		
liability com agent and ag relating to th	n named o npany at t gree to ac he proper	us registered of he place design to this capa to and complet	agent and t gnated in t city. I furt e performa	to accept service his certificate, I her agree to con nice of my duties t as provided for	e of proce hereby a nply with s, and I a	ess for the ab accept the app a the provision an familiar w	pointment as ons of all star with and acce	registered tutes ept the
			\$ 100.00 \$ 25.00	•			:	
			\$ 30.00		_	_		

\$ 5.00 Certificate of Status (optional)







Office of the

CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do hereby certify that

SMS FINANCIAL RECOVERY SERVICES, LLC

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 6th day of June 2007.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 11th Day of October, 2007, A. D.

Executive Direct

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