# M08000000732

(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:
L. SELLERS
<del></del>
FIB <b>1 2 2008</b>

Office Use Only

**EXAMINER** 



800117592818

02/11/08--01035--006 \*\*125.00

ZUUSTEBILI EM I-II SECRETARY OF STATE TALLAHASSEF, ELORIDA

#### **Corporate Headquarters**

The CCS Companies • Two Wells Avenue Newton, MA 02459

Telephone: (617) 965-2000 Facsimile: (617) 332-7311



The CCS Companies

Credit Control Services, Inc. Credit Collection Services Customer Contact Solutions Capital Assistance Group CCS Commercial LLC

February 8, 2008

Florida Department of State
Registration Section
Division of Corporations
Clifton Building, 2661 Executive Center Circle
Tallahassee, FL 32301

RE: CCS Commercial, LLC

Dear Sir or Madam:

Please find attached:

- Application to transact business in Florida
- Certificate of Existence
- Filing Fee

Thank you for your prompt attention to this matter.

Very truly yours,

Gerry Prilutsky

Senior Administrative Manager

#### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: CCS Commercial, LLC					
(Name of Limi	ted Liability Company)				
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited				
Please return all correspondence concerning this m	atter to the following:				
David Sands, Executive Vi	ce President				
(Nai	me of Person)				
CCS Commercial, LLC					
	m/Company)				
(Thi	in Company )				
Two Wells Avenue					
	(Address)				
Newton, MA 02459					
(City/State and Zip Code)					
For further information concerning this matter, plea	ase call:				
David Sands	_at (617 ) 965-2000 x2114				
(Name of Person)	(Area Code & Daytime Telephone Number)				
MAN ING ADDDDGG	CENTRE ADDRESS				
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:  \$\sum{125.00 Filing Fee}\$ \$\sum{130.00 Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$\Bigcup\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATLITES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPA	NYTO TRANSACT BUSINESS IN THE	STA	TEOF FLORIDA:	14202071	2011	Nuz011
1. CCS Commerc	ial, LLC		Limited Liability Company," "L.L.C.,"	"IIC	257	_
(Name of Foreign Li	mited Liability Company; must inclu	iae	Limited Liability Company, L.L.C.,	or LLC	. )	
	nanaging members adopting the alter		f transacting business in Florida and atta e name. The alternate name must include			
<sub>2.</sub> Delaware	3	3. (	04-3355796			
(Jurisdiction under the law company is organized)	w of which foreign limited liability	_	( FEI number, if applicable	;)		-
4. November 1, 1		5. <u>l</u>	Perpetual			_
(Date of O	rganization)		(Duration: Year limited liability comparexist or "perpetual")	ıy will c	ease to	
<sub>6.</sub> January 1, 200	8					_
(1	(Date first transacted business in Flo See sections 608.501 & 608.502 F.S.	orida . to o	a, if prior to registration.) determine penalty liability)			•
<sub>7.</sub> Two Wells Ave	nue					_
Newton, MA 02						
	(Street Address	of P	rincipal Office)			-
8. If limited liability co	ompany is a manager-managed	coi	mpany, check here			
9. The name and usual	business addresses of the mana	agii	ng members or managers are as fo	llows:		
CCS Financial	Services, Inc. (Sole M	len	nber)			_
Two Wells Ave	enue					_
Newton, MA 02	2459					
the jurisdiction under the law		y is 1	old, duly authenticated by the official have not acceptable. If the certificate is in a fore d.)			ords in
11. Nature of business	or purposes to be conducted or	r pr	omoted in Florida: Commerc	ial		-
collection and	subrogation recoveries	;		SEC	2008	-·
				NETARY MHASSI	EB	1
			rized representative of a member.	tit.		-
	In accordance with section 608.408(3), Family affirmation under the penalties of perju		he execution of this document constitutes hat the facts stated herein are true.)	er FE	PH	
	David Sands, Executiv	-		TATE ORIDA	1:17	
	Typed or printed	l na	me 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:					
CCS Commercial, LLC					
If name unavailable, the alternate name to be used in the state of Florida is:					
2. The name and the Florida street address of the registered agent and office are:					
CT Corporation System					
(Name)					
1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Plantation, FL 33324 FL 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.    April 1   1   1   1   1   1   1   1   1   1					

\$-100.00 Filing Fee for Application - - \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCS COMMERCIAL L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2703047 8300

080136224

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6371075 -

DATE: 02-08-08

You may verify this certificate online at corp.delaware.gov/authver.shtml