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OR AUG 25 AN ID: SECRETARY OF STATE

T. HAMPTON

AUG 2 6 2008

EXAMINER

COVER LETTER

SUBJECT: Nassau Collectio	1 Group, LLC				
	(Name of Limited Liabil	ity Company)			
	ence, and check are submitted to	npany for Authorization to Transact Business in pregister the above referenced foreign limited			
Please return all correspond	ence concerning this matter to the	e following:			
Edward Castagr	a				
(Name of Person)					
Nassau Collecti	on Group, LLC				
	(Firm/Compa	ny)			
400 Post Avenu	e, Suite 300				
	(Address)				
Westbury, NY 1	1590 (City/State and Zi	n Code)			
	(City/State and Zij	Code			
For further information cond	erning this matter, please call:				
Edward Castagna	at (516) 484-5959 ext. 301			
(Nam		a Code & Daytime Telephone Number)			
MAILING ADDRE	SS: STREE	T ADDRESS:			
Division of Corporat		of Corporations			
P.O. Box 6327	Clifton I				
Tallahassee, FL 323		ecutive Center Circle see, FL 32301			
Enclosed is a check for the 1 □ \$125.00 Filing Fee		00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy			

TO: Registration Section Division of Corporations

Nassau Collection Group LLC

844 Franklin Street, Suite 5A Wrentham, MA 02093

State of Florida FL Reg Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

RE: **Nassau Collection Group LLC**

To Whom It May Concern:

Enclosed you will find our completed application.

If you have any questions regarding this application, please contact:

Jennifer Cleveland ACA International Phone: (952) 928-8000 x 237

Email: cleveland@acainternational.org

Enclosures

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.	Nassau Collection Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")
2.	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-2420240 (FEI number, if applicable)
4.	Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	844 Franklin Street, Suite 5A, Wrentham, MA 02093
	(Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here
9.	Edward Castagna, 400 Post Avenue, Suite 300, Westbury, NY 11590
	Peter Castagna, 400 Post Avenue, Suite 300, Westbury, NY 11590
the tra	2). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)
[]	1. Nature of business or purposes to be conducted or promoted in Florida:
	Signature of a member or an authorized representative of a member. (th 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.) Jennifer Cleveland, pursuant to Power of Attorney

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:
Nassau Collection	n Group, LLC
If name unavail	lable, the alternate name to be used in the state of Florida is:
2. The name an	nd the Florida street address of the registered agent and office are:
	C T Corporation System (Name)
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT 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.

By: C T Corporation System

(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)

08 AUG 25 AN ID 40
SECRETARY OF STATE

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NASSAU COLLECTION GROUP, LLC" 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 TWENTY-NINTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4529134 8300

080827008

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6758668

DATE: 07-29-08

ACA International Power of Attorney

NOTICE IS HEREBY GIVEN THAT Nassau C	Collection Group, LLC , ("Entity") an
entity organized under the laws of Delaware manager, personally, do hereby appoint Catherine R Buendiger, Janis St. Martin and Toni Nuernberg while	, its owners, officers, directors and collections amstad, Erica Witt, Jennifer Cleveland, Robin
and/or Collectors Insurance Agency Inc., as attorney-in officers, directors and collections manager to act on their	-fact for the Entity and personally for its owners,
Personally, the owners, officers, directors, collenecessary steps to authorize the changes, hereby grand documents necessary to obtain and/or renew registra purposes, and complete forms of similar import on belowners, officers, directors and collections manager in an Puerto Rico.	ations, licensure and bonds for debt collection alf of the Entity and personally on behalf of its
officers directors and collections manager	by the Entity and/or personally by its owners,
IN WINESS WHEREOF, the undersigned have executed, 2008.	uted this Power of Attorney on the day of
	Signature of Authorized Entity Representative
	Edward Castagna, Managing-Manager
	Print Name and Title

Sworn to and subscribed before me this 12 74 of 4 VGUST, 2008.

Notary Public, State of NEW York Commission expires: 2/11/11

JOHN FAVICCHIA
Notary Public, State of New York
No. 01 FA4809931
Qualified in Nassau Gounty

Qualified in Nassau Gounty
Commission Expires 1 1111

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SECRETARY OF STATE
ANASSEE, FLORIDA

Page 13 of 15 Revised 3/5/2007

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Initials ____

ACA International Power of Attorney

Individual Officer Signatures:	Individual Director Signatures:
Signature of Person Authorizing as Individual Edward Castagna	Signature of Person Authorizing as Individual
Print Name	Print Name
Signature of Person Authorizing as Individual	Signature of Person Authorizing as Individual
Print Name	Print Name
Signature of Person Authorizing as Individual	Signature of Person Authorizing as Individual
Print Name	Print Name
Signature of Person Authorizing as Individual	Signature of Person Authorizing as Individual
Print Name	Print Name
Signature of Person Authorizing as Individual	Signature of Person Authorizing as Individual
Print Name	Print Name
Individual Manager Signatures:	Individual Owner Signatures:
Signature of Person Authorizing as Individual Dan Potts	Signature of Person Authorizing as Individual Peter Castagna on behalf of Nassau Equipment Company, Inc.
Print Name	Print Name
Signature of Person Authorizing as Individual personally concered	Signature of Person Authorizing as Individual
Print Namproved his/her identification through schinddory	Print Name
Managa marma is simpled and the managed and it is a first the second and the seco	
whose name is signed on the proceding or attached document in my presence. Aday of Aug 2008	Signature of Person Authorizing as Individual
in my presence. (5) day of 1900 2000	Signature of Person Authorizing as Individual Print Name
in my presence. 15 day of 1908 Talia C. Cornetta Commonwealth of Massachusetts Notary Public My Commission Expires July 2, 2010	
in my presence. 15 day of 1908 Talia C. Cornetta Commonwealth of Massachusetts Notary Public My Commission Expires July 2, 2010	Print Name

JOHN FAVICCHIA
Notary Public, State of New York
No. 01FA4809931
Qualified in Nassau County
Commission Expires

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key led 3/5/2007
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