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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Empire Solut (Name of Lin	nited Liability Company)			
Florida	closed "Application by Foreign Limited Li.," Certificate of Existence, and check are sy company to transact business in Florida				
Please	return all correspondence concerning this r	natter to the following:			
	Kristy Bea	arden ame of Person)			
		ame of Person)			
	<u> </u>	rm/Company)	SECHE TANS	2009 JAN 15	
	1335 Canton R	(Address)	CE. TLORIDA	PM 1: 33	
	<u> </u>	SA 30066	,J		
	(City/St	tate and Zip Code)			
For fur	ther information concerning this matter, ple	ease call:			
	Penny Taylor (Name of Person)	at (<u>1678</u>) <u>391-3313</u> (Area Code & Daytime Telephone	Numbe	r)	
	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			
	ed is a check for the following amount: \$125.00 Filing Fee \$\text{Certificate of } \$130.00 Filing Fee & Certificate of } \$130.00 Filing Fee & Certificate of \$130.00 Filing Fe	\$155.00 Filing Fee & \$160.00 Filing f Status Certified Copy of St	g Fee, C		

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; must include "Limited Liability Company," "L.L.C.," or "LLC.") Empire Solutions II, L.L.C. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-2729

(FEI number, if 5 30 208 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 1335 Canton Rd. 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: Gregory M. Shelton 1335 Canton Rd, Ste. B/ Marietta, GA 30066 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: 3.0 collections Signature of a member of 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.)

Gregory M. Shelton
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:	
Empire Solutions II, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
Empire Solutions II, L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	
CT Corporation System [1200 South Pine Island Rd Sit 15	
12.00 South Pine Island Rd Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation, FL 33324 37 38 38 38 38 38 38 38 38 38 38 38 38 38	O
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 registere 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 registered agent as provided for in Chapter 608. Florida Statutes	ed

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Control No. 08043030

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

EMPIRE SOLUTIONS II, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 05/30/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 12th day of January, 2009

Karen C Handel Secretary of State

Faun CHandel

Certification Number: 3329205-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp