

M09000000759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

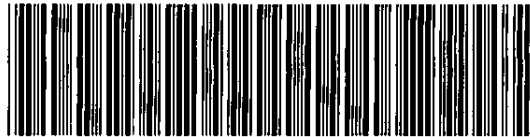
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600143855656

02/23/09--01020--006 **125.00

FILED
2009 FEB 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 24 2009

EXAMINER

COLLECTION LICENSING, LLC

Robert Powell, CEO

P O. Box 33797 Phone: (303) 451-1586
Northglenn, CO 80233 Fax: (303) 451-1907
robert@collectionlicensing.com
www.collectionlicensing.com

February 19, 2009

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Dynamic Recovery Solutions, LLC

Dear Gentlepeople:

The corrected paperwork effectuating the business registration for the above referenced foreign limited liability company is enclosed.

If there are any problems with the attached paperwork, please allow me the professional courtesy of resolving any deficiencies before returning the paperwork to me. If you have any further questions or concerns regarding this filing, please contact me via email robert@collectionlicensing.com or call at 303-451-1586.

Once the registration certificate has been issued, please forward it to my attention at the above address using the enclosed S.A.E.

Very truly yours,

Robert D. Powell

Robert Powell
Licensing Administrator

Enclosures

S.A.E.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dynamic Recovery Solutions, 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)

P. O. Box 33797
(Address)

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

For further information concerning this matter, please call:

Robert Powell at (303) 451-1586
(Name of Person) (Area Code & Daytime Telephone 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

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

**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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Dynamic Recovery Solutions, 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. South Carolina 3. 26-3976110
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/05/2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 135 Interstate Blvd., Suite 6, Greenville, SC 29615

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

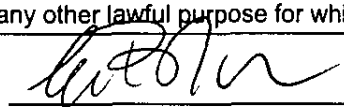
9. The name and usual business addresses of the managing members or managers are as follows:

Eric Bergelson, 135 Interstate Blvd., Suite 6, Greenville, SC 29615

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: _____

Debt collection and any other lawful purpose for which limited liability companies may be organized.



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.)

Eric Bergelson

Typed or printed name of signee

FILED
2009 FEB 23 PM 12:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

2009 FEB 23 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Dynamic Recovery Solutions, 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:

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

City/State/Zip

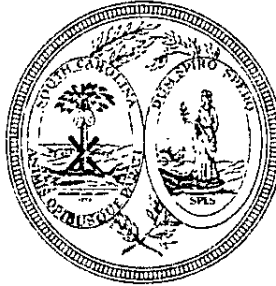
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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: 

(Signature)

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

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DYNAMIC RECOVERY SOLUTIONS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 5th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
2nd day of February, 2009.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State