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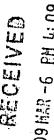
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ORIDA/FOREIGN LIMITED LIABILITY CO.

UNITED CREDIT RECOVERY LLC

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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 RUSINESS IN THE STATE OF FLORIDA:

	MPANY IO IRANGACI BUSINESS IN THE S	TATE OF FLORIDA:			
	EDIT RECOVERY LLC n Limited Liability Company; must include	e "Limited Liability Con	npany," "L.L.C.," or	r "LLC.")	
	·	· · · · · · · · · · · · · · · · · · ·			
	nter alternate name adopted for the purpose s or managing members adopting the altern LLC.")				
2 DELAWARE		26-3608540		•	
(Jurisdiction under the company is organized	e law of which foreign limited liability	(FEI nun	nber, if applicable)	≓.s	<u>_</u>
4. 11/13/2007		PERPETUAL			H. Sant
(Date	of Organization)	(Duration: Year limite exist or "perpetual")	d liability company	willreease	1 5
6. UPON QUA				SS:	25
	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration o determine penalty liabi	n.) lity)	E 00	H Si
7. 5224 W STA	ATE ROAD 46 #319			PR Z	<u>.</u> 2
SANFORD,	FLORIDA 32771			FILE	OD .
<u></u>	(Street Address of	Principal Office)			
8. If limited liability	y company is a manager-managed c	ompany, check here			
9. The name and us	ual business addresses of the manag	ging members or mar	nagers are as foll	ows:	
STEVEN BU	IRKS, 5224 W STATE ROA	AD 46 #319, SA	NFORD FL	32771	
EDWARD TH	HOMPSON, 5224 W STATE	E ROAD 46 #31	9, SANFORI	D FL 3	2771
					_
			······································		
	al certificate of existence, no more than 90 day law of which it is organized. (A photocopy i				
	te under oath of the translator must be submit			,QO.	,,
11. Nature of busine	ess or purposes to be conducted or p	promoted in Florida:	CREDIT RE	ECOV	ERY
SERVICES	,				
	561	<u>~</u>			<u> </u>
	Signature of a member or an auth				
	(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury				
	Steven Burks				

Typed or printed name of signee

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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:	
UNITED CREDIT RECOVERY 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:	,
ASHLEY BICKFORD	_ ASS 99
(Name)	P. S.
5224 W STATE ROAD 46 #319	7
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
SANFORD FL 32771	
City/State/Zip	- RION 28

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.

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "UNITED CREDIT RECOVERY 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 SIXTH DAY OF MARCH, A.D. 2009.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "UNITED CREDIT RECOVERY LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2007.

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

DATE: 03-06-09

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