

MD9000002294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

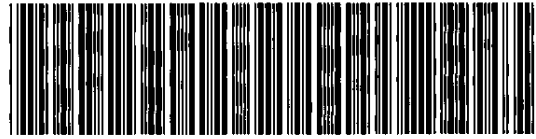
(Business Entity Name)

(Document Number)

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FILED
2009 JUN 15 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Jun 17, 2009

EXAMINER



May 21, 2009

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

Enclosed is the Application by Foreign Limited Company for Authorization to Transact Business in Florida for Recovery Consultants, LLC.

Our check for \$125.00 for the filing fee and designation of registered agent is also enclosed.

A handwritten signature in black ink, appearing to read 'KH', with a long horizontal line extending to the right.

Keith Henthorne
Registered Agent

Enclosures: Check
Application
Certificate of Existence



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2009

KEITH HENTHORNE / RECOVERY CONSULTANTS LLC
3415 E. FRONTAGE RD SUITE B
TAMPA, FL 33609

SUBJECT: RECOVERY CONSULTANTS, LLC
Ref. Number: W09000024838

We have received your document for RECOVERY CONSULTANTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00017833

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Recovery Consultants, 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:

Keith Henthorne
Name of Person

Recovery Consultants, LLC
Firm/Company

3415 E. Frontage Rd, Suite B
Address

Tampa, FL 33607
City/State and Zip Code

Khenthorne@chapinrcm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Henthorne at (813) 282-3999
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
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



May 21, 2009

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

Enclosed is the Application by Foreign Limited Company for Authorization to Transact Business in Florida for Recovery Consultants, LLC.

Our check for \$125.00 for the filing fee and designation of registered agent is also enclosed.

A handwritten signature in black ink, appearing to read 'KH', with a long horizontal line extending to the right.

Keith Henthorne
Registered Agent

Enclosures: Check
Application
Certificate of Existence

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of RECOVERY CONSULTANTS, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

STATE OF DELAWARE
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 608.406, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

TAMRECOV, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: 6/4/2009

Signature(s) of Manager(s) and/or Managing Member(s):

[Signature]

KEITH HENTHORNE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 15 PM 3:37

FILED

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. RECOVERY CONSULTANTS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

TAMRECOV, 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. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-01776067 (FEI number, if applicable)

4. 5/11/2005 (Date of Organization) 5. Perpetual (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. 3415 FRONTAGE ROAD, SUITE B TAMPA, FL 33607 (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:

Keith Henthorne 3415 E. Frontage Rd, Suite B Tampa, FL 33607

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: Healthcare

Business Service

[Signature]

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.)

KEITH HENTHORNE

Typed or printed name of signee

FILED 2009 JUN 15 PM 3:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

**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:

RECOVERY CONSULTANTS, LLC

If unavailable, the alternate to be used in the state of Florida is:

Tamrccov, LLC

2. The name and the Florida street address of the registered agent and office are:

KEITH HENTHORNE

(Name)

3415 E. FRONTAGE ROAD, Suite B

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

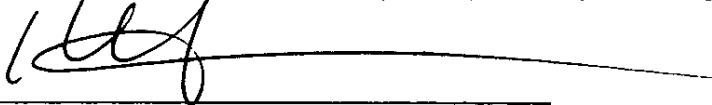
TAMPA, FL 33607

City/State/Zip

2009 JUN 15 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.



(Signature)

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RECOVERY CONSULTANTS, 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 TWENTIETH DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RECOVERY CONSULTANTS, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2005.

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

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7314209

DATE: 05-20-09