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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W. G. G. JUL 24 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FEDERAL ASSET RECOVERY, 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:

BARBARA DOLAN
Name of Person

FEDERAL ASSET RECOVERY, LLC
Firm/Company

5701 W. SUNRISE BLVD
Address

PLANTATION, FL 33313
City/State and Zip Code

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

For further information concerning this matter, please call:

RICHARD P. SILAPI at (954) 302-5118
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2009

BARBARA DOLAN
5781 W. SUNRISE BLVD.
PLANTATION, FL 33313

SUBJECT: FEDERAL ASSET RECOVERY, LLC
Ref. Number: W09000032258

We have received your document for FEDERAL ASSET RECOVERY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 109A00024134

**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. FEDERAL ASSET RECOVERY, 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. DELAWARE 3. 27-0286650
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6-1-09 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")

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

7. 5781 W. SUNRISE BLVD
PLANTATION, FL 33313
(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:

MGRM
BARBARA DOLAN, PRESIDENT, 5781 W. SUNRISE BLVD, PLANTATION FL 33313, MGRM
MGR
RICHARD P. DILAPI, DIRECTOR, 5781 W. SUNRISE BLVD, PLANTATION FL 33313, MGR

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: "ACTIVE" DEBT
PURCHASER (WILL COLLECT ON DEBT PURCHASED)

Barbara Dolan
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.)

BARBARA DOLAN

Typed or printed name of signee

FILED
09 JUL 24 AM 10:06
SECRETARY OF STATE
ALLAHASSEE 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:

FEDERAL ASSET RECOVERY, LLC

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

FED ASSET RECOVERY, LLC

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

BARBARA DOLAN

(Name)

5781 W. SUNRISE BLVD

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

PLANTATION

FL

33313

City/State/Zip

FILED
09 JUL 24 AM 10:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Barbara Dolan

(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 "FEDERAL ASSET 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 SEVENTEENTH DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEDERAL ASSET RECOVERY, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2009.

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

4693605 8300

090708596




AUTHENTICATION: 7425239

DATE: 07-17-09