

MD9000004815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

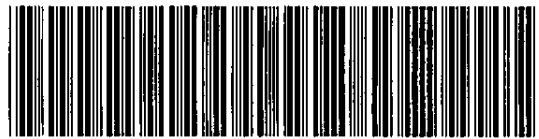
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. O'Shea DEC 10 2009

L.B. Gray, LLC
151 N Delaware St Ste 1140
Indianapolis, IN 46204-2518

State of Florida
FL Reg Section Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

RE: L.B. Gray, LLC

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Robert Gray
L.B. Gray, LLC
PO Box 44237
Indianapolis, IN 46244-0237

If you have any questions regarding this application, please contact:

Robert Gray
L.B. Gray, LLC
Phone: (317) 236-0233
Fax: (317) 236-0236
Email: bgray@lbgray.com

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.B. Gray 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 Gray

Name of Person

L.B. Gray LLC

Firm/Company

151 N. Delaware St., Ste. 1140

Address

Indianapolis, IN 46204

City/State and Zip Code

bgray@lbgray.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Gray

Name of Person

at (317)

Area Code & Daytime Telephone Number

236-0233

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

**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. L.B. Gray 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. Indiana 3. 20-4078088
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/03/2006 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. 151 North Delaware Street, Suite 1140, Indianapolis, IN 46204

(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

Robert Gray, 151 North Delaware Street, Suite 1140, Indianapolis, IN 46204

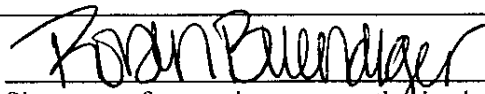
Landman, Beaty Lawyers LLP, 151 North Delaware Street, Suite 1140, Indianapolis, IN 46204

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TALLAHASSEE, FLORIDA

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



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.)

Robin Buendiger, Attorney-in-fact

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:

L.B. Gray LLC

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

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

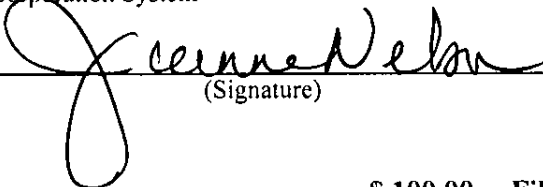
<u>C T Corporation System</u> (Name)
<u>1200 South Pine Island Road</u> Florida Street Address (P.O. Box NOT ACCEPTABLE)
<u>Plantation FL 33324</u> City/State/Zip

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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.

C T Corporation System

By:


(Signature)

Jeanne Nelson
Assistant Secretary

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

Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT L.B. Gray LLC A Debt Collection Agency, ("Entity") an entity organized under the laws of Indiana, does hereby appoint Catherine Ramstad, Jennifer Cleveland, Robin Buendiger, Janis St. Martin, and Joleen Schwartz while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact to execute the documents necessary to file qualifications, certificates and authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 12 day of November 2009.



Signature of Authorized Entity Representative

Robert Gray, Managing Member
Print Name and Title

Sworn to and subscribed before me
this 12th of November, 2009.

Notary Public, State of INDIANA
Commission Expires: 09-07-2014



**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

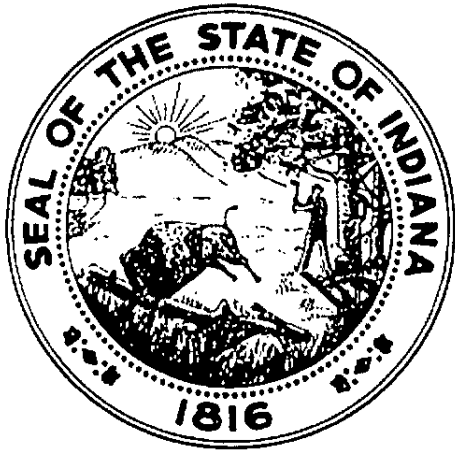
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

L.B. GRAY LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 03, 2006, and was in existence or authorized to transact business in the State of Indiana on November 25, 2009.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Fifth Day of November, 2009.

A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA, Secretary of State

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