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COVER LETTER

TO:

TO:	Registration Section Division of Corporations	12/10/09
SUBJ	JECT: Asset Management Group, LLC	
	(Name of I	Limited Liability Company)
Floric		Liability Company for Authorization to Transact Business in the submitted to register the above referenced foreign limited a
Please	e return all correspondence concerning the	is matter to the following:
	Robert Powell	
		(Name of Person)
	Collection Licensing, LLC	
		(Firm/Company)
	P. O. Box 630995	
(Addı		(Address)
	Littleton, CO 80163	
	(City	y/State and Zip Code)
For fu	orther information concerning this matter,	please call:
	Robert Powell	at (303) 451-1586
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclo	sed is a check for the following amount: \$\sumsymbol{\subsymbol{\symbol{\symbol{\subsymbol{\sumbol{\subsymbol{\sin\symbol{\subsymbol{\subsymbol{\subsymbo	e & \$\Bigcup\$155.00 Filing Fee & \$\Bigcup\$160.00 Filing Fee, Certificate le of Status & Certified Copy of Status & Certified Copy

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. Asset Man	nagement Group, LLC of Foreign Limited Liability Company; must include "Limited Liability Company; must include "Limited Liability Company".	omnony "" I. C. " or "I. C.")	_
	nagement Group of Pennsylvania :	ompany, c.c.c., or ccc.)	
(If name unava consent of the r	tilable, enter alternate name adopted for the purpose of transacting business managers or managing members adopting the alternate name. The alternate .L.C.," "LLC.")		
2. DE	3 27-1238047		
(Jurisdiction company is o		umber, if applicable)	
4. 11/02/200	J. '	ited liability company will cease to	
6	(Date first transacted business in Florida, if prior to registrat (See sections 608.501 & 608.502 F.S. to determine penalty lia	ion.)	
7. 1151 S. Tr	rooper Road, Suite A	ionity)	
Audubon,	PA 19403		_
	(Street Address of Principal Office)		
8. If limited	liability company is a manager-managed company, check her	re 🗌	
9. The name	e and usual business addresses of the managing members or m	anagers are as follows:	
Michael C	Chiodo, 1151 S. Trooper Road, Suite A, Audubon, PA 19403		
<u> </u>			
			<u> </u>
the jurisdiction u translation of the	an original certificate of existence, no more than 90 days old, duly authenticate under the law of which it is organized. (A photocopy is not acceptable. If the conceptable under oath of the translator must be submitted.) of business or purposes to be conducted or promoted in Florida	certificate is in a foreign language, a	
Passive de			_
1 835176 06			<u>.</u> ⊇
	Mrs Clait		
	Signature of a member or an authorized representati (In accordance with section 608.408(3), F.S., the execution of this do an affirmation under the penalties of perjury that the facts stated here	cument constitutes	5 F
	Michael Chiodo		₹ []
	Typed or printed name of signee	三	2

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.

Asset Managemen	nt Group, LLC	
If name unavailab	ole, the alternate name to be used in the state of Florida is:	
Asset Manage	ement Group. of Pennsylvania 110	
2. The name and	the Florida street address of the registered agent and office are:	
	MDAL Continue Inc.	
1	NRAI Services, Inc. (Name)	
_		
	(Name) 2731 Executive Park Drive, Suite 4	

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. NRAI Services Inc.

(Signature)

Michael Mirrione, 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)

FILED

09 DEC 15 AH 8: 21

SECRETARY OF STATE
TALLAHASSE FINANIA

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 Asset Management Group, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
DE .
(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:
Asset Management Group of Pennsylvania, UC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or Ll.C.)
Date:
Signature(s) of Manager(s) and/or Managing Member(s):
Michael Chiodo, Member Mm/ (lat
- Form Care

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASSET MANAGEMENT GROUP, 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 EIGHTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSET MANAGEMENT GROUP, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2009.

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

4748703 8300

091078647

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 7684317

DATE: 12-08-09

You may verify this certificate online at corp.delaware.gov/authver.shtml