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JAN - 8 2010

**EXAMINER** 

## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

01-07-2010

NAME:

PAYLESS DEBT, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

\$160

RETURN: CERTIFICATE OF STATUS AND CERT. COPY

ACCOUNT: FCA00000015

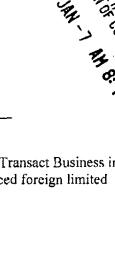
**AUTHORIZATION:** 

ABBIE/PAUZ HODO

O JAH J M 8: 1

#### COVER LETTER

TO: Registration Section Division of Corporations



SUBJECT:	PayLess Debt, LLC
	(Name of Limited Liability Company)

Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Please return all correspondence concerning this matter to the following: Brenda L White (Name of Person) National Corporate Services, Inc. (Firm/Company) 691 N. Squirrel Road, Suite 245 (Address) Auburn Hills, MI 48326 (City/State and Zip Code) For further information concerning this matter, please call: at ( 866 Brenda White (Name of Person) (Area Code & Daytime Telephone Number) MAILING ADDRESS: STREET ADDRESS: **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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 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.	PayLess Debt, LLC					
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")					
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written unsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")					
2.	Delaware 3. 27-1601387					
•	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					
4.	1/05/10 5. perpetual					
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	1/15/10					
ψ.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	4218 Cleveland Avenue					
	Fort Myers, FL 33901					
	(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:						
	Michael Shìre					
	4218 Cleveland Avenue					
	Fort Myers, FL 33901					
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under eath of the translator must be submitted.)					
11	. Nature of business or purposes to be conducted or promoted in Florida:					
	provide assistance with reduction of personal debt					
	The Market of the second of th					
	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.)					
	Michael Shire					

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 Lia	oility Compa	ny is:			
PayLess Debi	t, LLC					
If name unav	ailable, the alternat	e name to be	used in the state of Florida	is:		
2. The name	and the Florida stro	eet address of	f the registered agent and of	fice are:		
	NRAI Services, I	nc.		<u>.</u>		
			(Nume)			
	2731 Executive Park Drive, Suite 4					
	" Flori	da Street Addre	ess (P.O. Box <u>NOT</u> ACCEPTABLE	)		
	Weston		FL 33331			
			City/State/Zip	<del></del>		
liability comp agent and agr relating to the	oany at the place des ree to act in this cap e proper and comple Thy position as regi	signated in thi acity. I furth ge performan stered agent d Bret	accept service of process for is certificate, I hereby accept er agree to comply with the pace of my duties, and I am fan as provided for in Chapter 60 and L. White stant Secretary  Filing Fee for Application	the appointment as registered provisions of all statutes piliar with and accept the		
		\$ 25.00	Designation of Registered	Agent		

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 30.00

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PAYLESS DEBT, 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 SEVENTH DAY OF JANUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYLESS DEBT, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2010.

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

4773733 8300

100017606

AUTHENTY CATION: 7744368

DATE: 01-07-10

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