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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

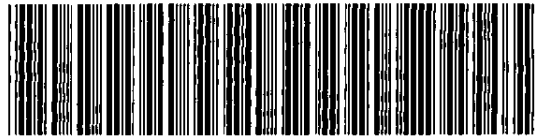
(Document Number)

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2010 FEB 17 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 18 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2010

FAHIM SARDHARIA  
CAPITAL ASSET RECOVERY, LLC.  
480 OLD WALNUT CIRCLE  
GURNEE, IL 60031

SUBJECT: CAPITAL ASSET RECOVERY, LLC  
Ref. Number: W10000006771

We have received your document for CAPITAL 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 010A00003424

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPITAL 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:

FAHIM SARDHARIA  
Name of Person  
CAPITAL ASSET RECOVERY, LLC.  
Firm/Company  
480 OLD WALNUT CIRCLE  
Address  
GURNEE, IL, 60031  
City/State and Zip Code  
SARDHARIA@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAHIM SARDHARIA at (847) 222-1077  
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

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

ASSET RECOVERY PARTNERS 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. ILLINOIS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0403799  
(FEI number, if applicable)

4. 04/29/2009  
(Date of Organization)

5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 02/01/2010 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. 480 OLD WALNUT CIRCLE GURNEE, IL, 60031

(Street Address of Principal Office)

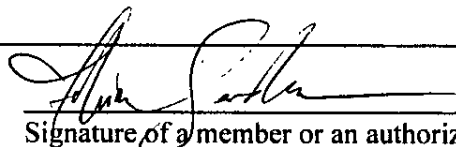
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

FAHIM SAROAHIA 480 OLD WALNUT CIRCLE, GURNEE, IL 60031

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: Collection Agency



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.)

FAHIM SAROAHIA

Typed or printed name of signee

2010 FEB 17 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

CAPITAL ASSET RECOVERY, LLC.

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

ASSET RECOVERY PARTNERS, LLC.

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


SAMIR JHINA  
(Name)

11310 S. ORANGE BLOSSOM TRAIL #  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

ORLANDO FL 32837  
City/State/Zip

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2010 FEB 17 PM 3:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

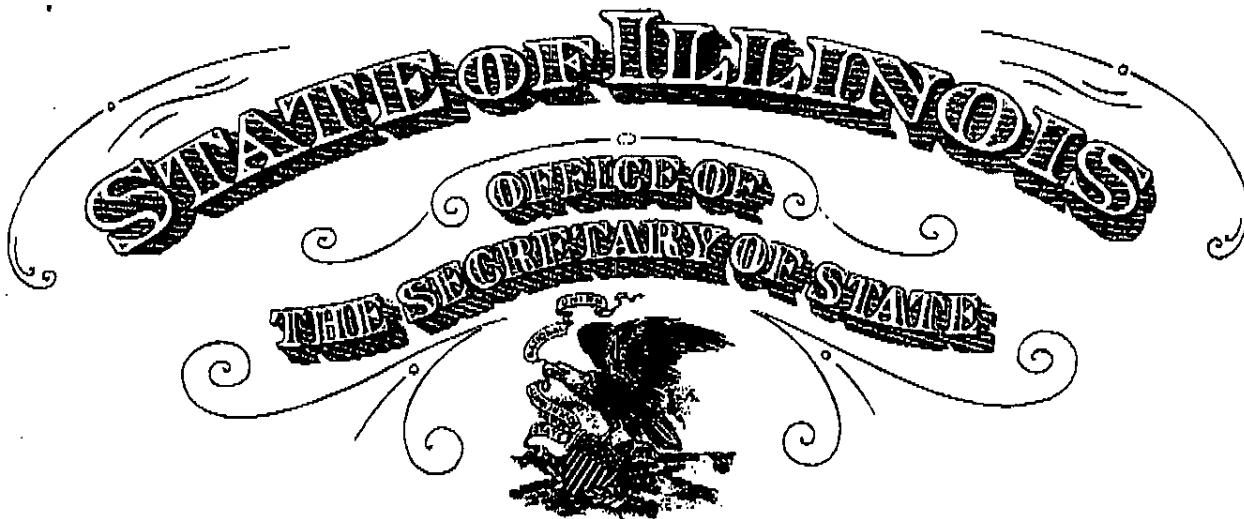
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

File Number

0311317-5



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

CAPITAL ASSET RECOVERY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 29, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1004801756

Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 17TH  
day of FEBRUARY A.D. 2010***

*Jesse White*

SECRETARY OF STATE