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| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         | -                 |           |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
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Office Use Only



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C. LEWIS

MAR 1 0 2010

EXAMINER

#### **COVER LETTER**

|  | ation Section<br>on of Corporations   |  |  |
|--|---|--|--|
| SUBJECT:   | Default Resource of Maryland, LLC  Name of Limited Liability Company  |  |  |
|  | application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck 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:   |  |  |
|  | Lisa Granskie for Incorp Services, Inc.   |  |  |
|  | Name of Person  |  |  |
|  | Incorp Services, Inc.   |  |  |
|  | Firm/Company  |  |  |
|  | 375 N. Stephanie St., Suite 1411  |  |  |
|  | Address   |  |  |
|  | Henderson, NV 89014-8909  |  |  |
|  | City/State and Zip Code   |  |  |
|  | lisa.granskie@incorp.com  |  |  |
| E-mail address: (to be used for future annual report notification) |   |  |  |
| For further information concerning this matter, please call:       |   |  |  |
| Lis  | sa Granskie/Incorp Services, Inc. at ( 702 ) 866-2500 x 6508  |  |  |
|  | Name of Person Area Code & Daytime Telephone Number   |  |  |
| Divisio<br>Registr   | ING ADDRESS: on of Corporations ration Section ox 6327  STREET ADDRESS: Division of Corporations Registration Section Clifton Building  |  |  |
|  | assee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301   |  |  |
| Enclosed is a  | check for the following amount:   |  |  |
| \$12   | 5.00 Filing Fec \$\sum_{\text{Certificate}} \\$130.00 Filing Fec & \text{Certificate} \\$155.00 Filing Fec & \text{S155.00 Filing Fec & Certificate} \text{Certified Copy} \text{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: Default Resource of Maryland, 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.") Maryland (Jurisdiction under the law of which foreign limited liability company is organized) 01/04/2010 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 550 Highland Street Frederick, MD 21701 (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 Glen Calderon/ Manager 550 Highland Street, Frederick, MD 21701 Frank Marshall/ Manager 550 Highland Street, Frederick, MD 21701 DALAS, Inc./ Member 550 Highland Street, Frederick, MD 21701 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: To engage in the provision of financial and statistical analysis and services and any legal activity 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.)

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  | of the Limited Liability Company is:                 |          |
|-----------------|--|----------|
|                 | Default Resource of Maryland, LLC                    |          |
| If unavailable, | the alternate to be used in the state of Florida is: |          |
| 2. The name ar  | Incorp Services, Inc.                                |          |
|                 | Incorp Services, Inc.                                |          |
|                 | (Name)   | 1        |
|                 | To The street Address (P.O. Box NOT ACCEPTABLE)      | (        |
|                 | Florida Street Address (P.O. Box NOT ACCEPTABLE)     |          |
|                 | Loxahatchee <sub>FL</sub> 33470                      | <b>.</b> |
|                 | City/State/Zip                                       |          |

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) Services, Inc.

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DEFAULT RESOURCE OF MARYLAND, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 25, 2010.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097