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EXAMINER

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COVER LETTER

0110 PM 040	ATT ANTIC COEDIT	& PINANCE SPECIAL FINANCE UNIT	rm tte		
SUBJECT:		Name of Limited Liability Company	I III, LLL		
The soulound #4 or			Samuel Brooks and S. 1991		
Existence, and che	ck are submitted to register ti	Liability Company for Authorization to T ne above referenced foreign limited liabili	rensact outliness in Pic ity company to transact	business in Florid)) a
Picase return all co	rrespondence concerning this	s matter to the following:			
	•	Fran Langfin			
_		Name of Person			
	•	Barron & Newburger P.C.			
		Firm/Company			
				20 23	
		1212 Guadalupe Street Suite 104			
-	···	Address		三世	Î
		•	•	SE C	
		Austin TX, 78701		23 ARY SSEE	
_		City/State and Zip Code			T
					-
		flangfit@fairdebt.com			A. Million St.
	E-mail addres	s: (to be used for future annual report not	tification)	6	
For further informs	tion concerning this matter, ;	please call:			
	Fran Langfitt	at (512)	904-468I		
<u> </u>	Name of Person	Area Code & Daytime Telephon	e Number		
MAILIN	G ADDRESS:	STREET ADDRESS:			
Division c	of Corporations	Division of Corporations			
	on Section	Registration Section			
P.O. Box		Clifton Building			
Tallahussa	×, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
		a paramazaneg a sa orderar s			
		-Austr			
Enclosed is a ch	eck for the following an	iouia.			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN -

1.	ATLANTIC CREDIT & FINANCE SPECIAL FINANCE UNIT III, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ĊŌI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2.	VIRGINIA 3. 26-4264224 Jurisdiction under the law of which foreign limited fiability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited fiability (FEI number, if applicable) company is organized)
4.	12/18/2007 5. Porpetual
	(Dute of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
б.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine panalty liability)
7.	2727 FRANKLIN RD SW
	ROANOKE/VA/24014-0000
	(Street Address of Principal Office)
	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:
	Atlantic Credit & Finunce, Inc. (Member) 2727 FRANKLIN RD SW, ROANOKE/VA/24014-0000
	the state of the s
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 slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: See strached
	All III
	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 berein are true.)
	Richard Woolwine Typed or printed name of signee
	1 Abor of himore many or signer

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 Con	npany is:	
	ATLANTIC CREDIT & FI	nance special pinance unit III, llc	•
If unavailable, the a	alternate to be used in t	the state of Florida is:	· -
2. The name and th	re Florida street addres	s of the registered agent and office are:	7745 TALL
	C	T Corporation System	
•		(Name)	, 23 , 23 , ASSE
	120	0 South Pine Island Road	
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
	Plantation	FI. 33324	is in co
		City/State/Zip	_
liability company at agent and agree to a relating to the prope obligations of my po	the place designated in the in this capacity. I fut and complete perform	i to accept service of process for the above so this certificate, I hereby accept the appoint other agree to comply with the provisions of nance of my duties, and I am familiar with a not as provided for in Chapter 608, Florida and Asst.	ment as registered fall statutes and accept the
	\$ 100.00		
		Designation of Registered Agent	
	\$ 30.00	0 Certified Copy (optional)	

\$ 5.00 Certificate of Status (optional)

Business purpose: To purchase receivables which include charged off credit card accounts and other delinquent or deficiency consumer obligations and engage in all activities necessary, customary, convenient, or incident to any of the foregoing.

Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to ATLANTIC CREDIT & FINANCE SPECIAL FINANCE UNIT III, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of December 18, 2007.

As of the date below, articles of cancellation have not been filed in this office by ATLANTIC CREDIT & FINANCE SPECIAL FINANCE UNIT III, LLC, a Virginia limited liability company.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: July 14, 2010

Joel H. Peck, Clerk of the Commission