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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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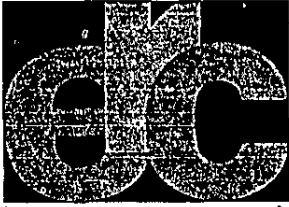


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FILED
2010 AUG 25 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 26 2010
EXAMINER



enhanced recovery corporation

August 16, 2010

Enhanced Recovery Corporation is forwarding this letter to update the state of a change that will be occurring within our organization. Enhanced Recovery Corporation has elected to have a change in ownership and in name.

Enhanced Recovery Corporation will be electing to change from a Corporation to a Limited Liability Company. Our organization will encounter a name change and will be updated to be known as Enhanced Recovery Company, LLC.

Enclosed are the stated forms from our agency to withdraw ourselves as a Corporation along with applications to update our agency as a new LLC. These forms are provided as advised by members of your organization to update ourselves accordingly.

Enclosed is a copy of our changed documentation from our home state in Delaware. Our organization and internal processes will remain the same and the business our company conducts will not be altered due to this change in ownership.

Please take into consideration the change our organization will be making. Please update this information as it relates to our business. Please let us know if any additional information is necessary to complete this change for our organization.

Thank you for your attention to this matter. Please let me know if there are any further questions or additional information is needed.

Sincerely,

Ginny L. Walker
Director of Compliance and Administration
Enhanced Recovery Corporation
8014 Bayberry Rd.
Jacksonville, FL 32256
1-800-617-0049 Ext. 2028
gwalker@erccollections.com

8014 Bayberry Rd. ♦ Jacksonville, FL 32256

800.617.0049 ♦ 904.645.3009 fax

www.erccollections.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enhanced Recovery Company, 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:

Benny L. Walker
Name of Person

Enhanced Recovery Company, LLC
Firm/Company

8014 Bayberry Rd.
Address

Jacksonville, FL 32256
City/State and Zip Code

gwalkers-ercollections.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benny L. Walker at (904) 645-0049 x 2028
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. Enhanced Recovery Company, 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.")

2. Delaware 3. 31-1680696
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/20/1999 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Approval
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 8014 Bayberry Rd.
Jacksonville, FL 32256
(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:

Mark A. Thompson 8014 Bayberry Rd. Jacksonville, FL 32256
Kirk R. McGuire 8014 Bayberry Rd. Jacksonville, FL 32256

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: _____

Third party debt collection

Mark A. Thompson
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.)

Mark A. Thompson
Typed or printed name of signer

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2010 AUG 25 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Enhanced Recovery Company, LLC

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

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

Capitol Corporate Services, Inc.

(Name)

155 Office Plaza Dr., Ste A

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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.

Delanie Case

(Signature) Delanie Case, asst. sec.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENHANCED RECOVERY COMPANY, 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 FIFTH DAY OF AUGUST, A.D. 2010.

3129971 8300

100801223

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8155650

DATE: 08-05-10