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SECRETARY OF STATE

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EXAMINER

North America Recoveries LLC

4545 Murphy Canyon Rd Ste 220 San Diego, CA 92123-4391

State of Florida FL Reg Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

RE: North America Recoveries LLC

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Jorge Oros North America Recoveries LLC 4545 Murphy Canyon Rd Ste 220 San Diego, CA 92123-4391

If you have any questions regarding this application, please contact:

Jorge Oros North America Recoveries LLC Phone: (858) 427-8506

Fax: (858) 430-9691

Email: jorge@northamericarecoveries.com

Enclosures

JO/ab



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: North America Recoveries LLC
	Name of Limited Liability Company
	aclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nce, 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:
	Jorge Oros
	Name of Person
	North America Recoveries LLC
	Firm/Company
	4545 Murphy Canyon Rd., Ste.220
	Address
	San Diego, CA 92123
	San Diego, CA 92123 City/State and Zip Code
	jorge@northamericarecoveries.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Jorge Oros at (858) 427-8506
	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
Enclo	sed is a check for the following amount:
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate Certificate Copy

TO:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. North America Recoveries LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
n/a				
(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. California (Jurisdiction under the law of which foreign limited liability company is organized) 3. 94-3486439 (FEI number, if applicable)				
4. 03/06/2009 (Date of Organization) (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")				
6. Upon Qualification				
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7. 4545 Murphy Canyon Rd., Stc. 220, San Diego, CA 92123				
(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:				
Jose Eric Esparza, 4545 Murphy Canyon Rd., Stc. 220, San Diego, CA 92123				
Jorge Oros, 4545 Murphy Canyon Rd., Ste. 220, San Diego, CA 92123				
Raymond Patenaude, 4545 Murphy Canyon Rd., Ste. 220, San Diego, CA 92123				
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:				
Debt Collection				
ana Lubutera				
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.)				
Angela Butera, Attorney-in-fact				
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 Liability Company is:	
North America Recove	eries LLC	
If unavailable, th	ne alternate to be used in the state of Florida is:	
n/a		
2. The name and	d the Florida street address of the registered agent and office are:	145
	C T Corporation System	ES SI
•	(Name)	
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	E. FLOME
	Plantation F1, 33324	
	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.

By: Wichele Miller Assistant Secretary

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

Collectors Insurance Agency, Inc. Power of Attorney

NOTICE IS HEREBY GIVEN THAT North America Recoveries, LLC, an entity organized under the laws of California, does hereby appoint Robin Buendiger, Angela Butera, and Janis St. Martin while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the <u>3</u> day of <u>June</u>, <u>2010</u>.

Signature of Authorized Entity Representative

Jose Eric Esparza, CFO
Print Name and Title

Sworn to and subscribed before me this \$100 of \u00bdowee , 2016.

Notary Public State of California County of San Diego

Commission Expires: $\frac{313}{6/2}$

RYAN JAMES CARDEMA
Commission # 1854993
Notary Public - California
San Diego County
My Comm. Expires Jun 20, 2013

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SECNE JANSEE, FLORIDA

TAILLAHASSEE, FLORIDA



NAR North America Recoveries, LLC

Ownership for each partner is as follows.

Jose Enrique Esparza 40%

Jose Eric Esparza 40%

Jorge A Oros 10%

Ray Patenaude 10%

Mr. Jose Enrique Esparza Sr. passed away on August 9, 2009. His shares are in probate and could possibly be there for the next six months. The current ownership has not changed since Mr. Jose Enrique Esparzas passing.

Regards,

Jose Eric Esparza

Chief Financial Officer

FILED
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SECRE AND OF STATE
TALLAHASSEE, FLORIDA

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: NORTH AMERICA RECOVERIES LLC

FILE NUMBER: FORMATION DATE: 200906810075

TYPE:

03/06/2009

ITPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 10, 2010.

DEBRA BOWENSecretary of State