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SECTETIARY OF STATE
MIASSEE, FLORIDA

#### **COVER LETTER**

	stration Section sion of Corporations	
SUBJECT:	Goldman, Roth Acquisitions L.L.C.	
	(Name of L	imited Liability Company)
Florida," Cer		Liability Company for Authorization to Transact Business in a submitted to register the above referenced foreign limited a
Please return	all correspondence concerning thi	s matter to the following:
	Robert Powell	<u> </u>
	(	Name of Person)
·	Collection Licensing, LLC	
	. (	Firm/Company)
	P O Box 630995	
		(Address)
	Littleton, CO 80163	
	(City	/State and Zip Code)
For further in	aformation concerning this matter,	please call:
Rober	t Powell	at (303 ) 451-1586
<del></del>	(Name of Person)	(Area Code & Daytime Telephone Number)
Divisi P.O. I	LING ADDRESS: ion of Corporations Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount: 5.00 Filing Fee \$\square\$	<u> </u>



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2010

ROBERT POWELL COLLECTION LICENSING, LLC PO BOX 630995 LITTLETON, CO 80163

SUBJECT: GOLDMAN, ROTH ACQUSITIONS L.L.C.

Ref. Number: W10000038776

We have received your document for GOLDMAN, ROTH ACQUSITIONS L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return 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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 210A00019773

### 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:

1 Goldman, Roth Acquisitions L.L.C.	
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a copy of the written late name. The alternate name must include "Limited Liability
	26-3690754
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 11/4/2009 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	<b>15. 10</b>
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)
7 275 Northpointe Parkway, Ste 6	
Amherst, NY 14228	E. F.
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here
9. The name and usual business addresses of the manag	ging members or managers are as follows:
275 Northpointe Parkway, Ste 6 Amherst, NY 14228	Joseph Thompson Wenter JASON BUZAK Member
275 Northpointe Parkway, Ste 6 Amherst, NY 14228	JASON BUZAK Mearben
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	is not acceptable. If the certificate is in a foreign language, a tted.)
	•
Signature of a member or an auth (In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	
Joseph D. Thompson	

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 I	Liability Compa	my is:	
Goldman, Roth Acquisitions L.I	C.		
If name unavailable, the alter	nate name to be	used in the state of Florida is:	•
2. The name and the Florida	street address o	f the registered agent and office	e are:
NRAI Service	es, Inc.		五路 古
		(Name)	SEP SEP
2731 Executi	ve Park Drive, Sı	uite 4	
		ess (P.O. Box NOT ACCEPTABLE)	門子至日
Weston	<u></u>	FL 33331	9: 01
		City/State/Zip	
liability company at the place agent and agree to act in this relating to the proper and con	designated in th capacity. I furth uplete performan	o accept service of process for the is certificate, I hereby accept the ner agree to comply with the pronce of my duties, and I am familias provided for in Chapter 608,	e appointment as registered visions of all statutes ar with and accept the
By:		·	
(Signature) Michael J. Mirrione, Assistant S	•	·	
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered A Certified Copy (optional)	gent

Certificate of Status (optional)

5.00

## State of New York Department of State } ss:

I hereby certify, that GOLDMAN, ROTH ACQUISITIONS L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/04/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GOLDMAN, ROTH ACQUISITIONS L.L.C., changing its name to ADVANCED PORTFOLIO SOLUTIONS LLC , was filed 02/24/2010.

A Certificate of Amendment ADVANCED PORTFOLIO SOLUTIONS LLC , changing its name to GOLDMAN, ROTH ACQUISITIONS, L.L.C., was filed 04/12/2010.

WITNESS my hand and the official seal of the Department of State at the City of NE VAlbany, this 02nd day of August two thousand and ten.

First Deputy Secretary of State

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