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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

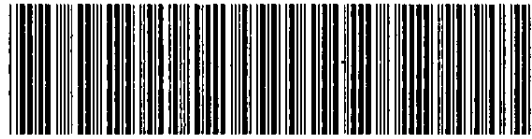
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Certified Copies _____ Certificates of Status _____

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2011 FEB 16 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Wexford & James, L.L.C.
2910 Westown Parkway, Suite 102
West Des Moines, IA 50266

State of Florida
FL Reg Section Division of Corporations
2661 Executive Center Circle Clifton Building
Tallahassee, FL 32301

RE: **Wexford & James, L.L.C.**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Michael Shafer
Wexford & James, L.L.C.
2910 Westown Parkway, Suite 102
West Des Moines, IA 50266

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

Michael Shafer
Wexford & James, L.L.C.
Phone: (515) 365-7065
Fax: (515) 369-7075
Email: mshafer@wexfordjames.com

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wexford & James, L.L.C.
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:

Michael Shafer
Name of Person
Wexford & James, L.L.C.
Firm/Company
2910 Westown Parkway, Suite 102
Address
West Des Moines, IA 50266
City/State and Zip Code
mshafer@wexfordjames.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Michael Shafer at (515) 365-7065
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 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. Wexford & James, L.L.C.
(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. Iowa 3. 81-0565305
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/02/2002 5. 2052
(Date of Organization) (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. 2910 Westown Parkway, Suite 102, West Des Moines, IA 50266
(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:

Kevin Grimm, 2910 Westown Parkway, Suite 102, West Des Moines, IA 50266

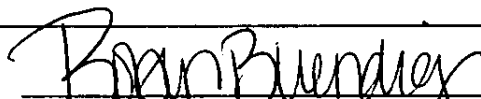
Michael Shafer, 2910 Westown Parkway, Suite 102, West Des Moines, IA 50266

David King, 2910 Westown Parkway, Suite 102, West Des Moines, IA 50266

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



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robin Buendiger, Attorney-in-fact

Typed or printed name of signee

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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:

Wexford & James, L.L.C.

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:

CT Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 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.

CT Corporation System

By: 

(Signature)

Michele 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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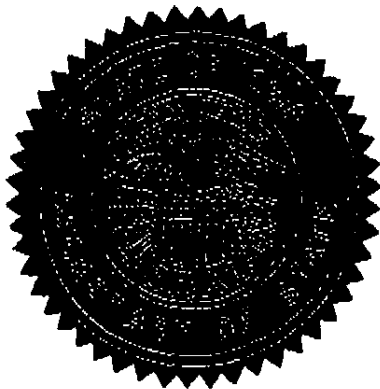
SECRETARY OF STATE

Date: 1/28/2011

CERTIFICATE OF EXISTENCE

Name: WEXFORD & JAMES, L.L.C. (489DLC - 268169)
Date of Incorporation: 8/2/2002
Duration: 8/2/2052

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Revised Uniform Limited Liability Company Act have been paid by the limited liability company, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



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MATT SCHULTZ, SECRETARY OF STATE

Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT Wexford & James, LLC ("Entity") an entity organized under the laws of Iowa; does hereby appoint Robin Buendiger, Angela Butera, Lisa M. Eubanks 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 its 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 14 day of Jan, 2011.

Signature of Authorized Entity Representative

Kevin Grimm, President/Owner

Print Name and Title

Sworn to and subscribed before me
this 13th of Jan, 2011.

Notary Public, State of Iowa
Commission Expires:

Lisa Vogt

