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ECRETARY OF STATE

COVER LETTER

	stration Section sion of Corporations
SUBJECT:	World Recovery Service, LLC Name of Limited Liability Company
The enclosed Existence, and	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of I check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Pļease return	all correspondence concerning this matter to the following:
	Robert Michael Newkirk Name of Person
,	runte of 1 cloth
	World Recovery Service, LLC
/	Firm/Company
•	. ,
	5224 West St Rd 46 #319
4	Address
	Sanford, FL 32771
1.3	City/State and Zip Code
	rmnewkirk@hotmail.com E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
Rol	pert Michael Newkirk at (919) 608-2999
,	Name of Person Area Code & Daytime Telephone Number
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations tration Section Box 6327 classee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 00 Filing Fee \$\int \frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}} \int \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{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. World Recovery Service, LLC	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 busin consent of the managers or managing members adopting the alternate name. The altern Company, "L.L.C," "LLC.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-4936610 (FEI	number, if applicable)
4. Upon Qualification (Date of Organization) 5. Perpetual (Duration: Year I exist or "perpetual")	imited liability company will cease to
6. N/A (Date first transacted business in Florida, if prior to regist) (See sections 608.501 & 608.502 F.S. to determine penalty	ration.) liability)
7. 5224 West St Rd 46 #319 Sanford, FL 32771	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check h	ere 🗸
9. The name and usual business addresses of the managing members or	managers are as follows:
Michael Newkirk 5224 West St Rd 46 #319 Sanford,	FL 32771
10. Attached is an original certificate of existence, no more than 90 days old, duly authentic the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the translation of the certificate under oath of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Flori	da: Consumer ≱∽ →
Collection Agency	AR T
BU Ned	22 ASSE
Signature of a member or an authorized representa	
(In accordance with section 608.408(3), F.S., the execution of this document of penalties of perjury that the facts stated herein are true. I am aware that any document to the Department of State constitutes a third document.	false information submisse in a
document to the Department of State constitutes a third degree felony Robert Michael Newkirk	as provided for in s.a i , r. , s

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:	
World Recovery Service, 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:	
Robert Michael Newkirk	•
(Name)	
5224 West St Rd 46 #319	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Sanford, FL 32771 FL	
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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WORLD RECOVERY SERVICE 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 SEVENTEENTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4938957 8300

110309377

AUTHENTICATION: 8630311

DATE: 03-17-11

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