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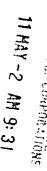
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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B. KOHR
MAY - 4 2011
EXAMINER

COVER LETTER

TO:

subject: <u>S</u>	eiler & Associates, Li		
	Nar	ne of Limited Liability Company	
The enclosed "A Existence, and o	Application by Foreign Limited Liab check are submitted to register the a	oility Company for Authorization to Transact Business in Florida," Cobove referenced foreign limited liability company to transact business	in Florida
Please return all	l correspondence concerning this ma	Name of Person Firm/Company	编写
	Kyle D. Moen		
		Name of Person	a Bat
			Z G
	Seiler & Associates, LLC	71. 10	9.31
		Firm/Company	
	7900 Highway 7, Suite	350	
		Address	
	Minneapolis, Minnesota	55426	
		City/State and Zip Code	
	kmoen@seilerlaw.cor	n	
	E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, plea	ise call:	
Kvle	D. Moen	at (952), 358-7400	
· · · · · ·	Name of Person	Area Code & Daytime Telephone Number	
Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amou 00 Filing Fee \$\int\{\sigma\}\$130.00 Filing F Certificate of Sta	ant: ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate	

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:

<i>UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE</i> . L. Seiler & Associates, LLC	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpost consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
	20-0947305
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 2/24/2004 5	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5	5 24 m.
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 7900 Highway 7, Suite 350	4 555
Minneapolis, Minnesota 55426	9. 3.
	of Principal Office)
8. If limited liability company is a manager-managed	<u> </u>
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Scott J. Seiler - 7900 Highway 7, Suite 350,	Minneapolis, MN 55426
Jon R. Schindel - 7900 Highway 7, Suite	350, Minneapolis, MN 55426
10. Attached is an original certificate of existence, no more than 90 c the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subn	
11. Nature of business or purposes to be conducted or	promoted in Florida: Debt collection
1000	H
	thorized representative of a member.
penalties of perjury that the facts stated herein are tru	ation of this document constitutes an affirmation under the le. I am aware that any false information submitted in a le a third degree felony as provided for in s.817.155, F.S.)
Jon R. Schindel	
Jon R. Schindel 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	of the Limited Liab	ility Compa	iny is:			
		Seiler &	<u>Associates,</u>	LL	<u>C</u>	
If unavailable,	the alternate to be	used in the	state of Florid	a is:		
2. The name a	nd the Florida stre	et address o	f the registered	l age	ent and office are:	
	NRAI Services, I	nc.				
			(Name)			
	515 East Park Av		ess (P.O. Box No	TC	CCEPTABLE)	-
	Tallahassee		FL		32301	
			City/State/Zip	ı		
liability comparagent and agree relating to the pobligations of n NRAI Services By:	ny at the place desi e to act in this capa proper and complet ny position as regis	gnated in thi acity. I furth e performan tered agent d	is certificate, I i er agree to con ice of my duties as provided for	herei nply , and in C	with the provisions I I am familiar with Thapter 608, Florida	ntment as registered of all statutes and accept the
		\$ 100.00	Filing Fee for	'Ap	plication	

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Seiler & Associates, LLC

Date Formed or Registered: February 24, 2004

State of Organization: Minnesota

This certificate has been issued on April 27, 2011.



Mark Kitchie
Secretary of State