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Special Instructions to Filing Officer:

A. LUNT

AUG 17 2011

EXAMINER

Office Use Only



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Enhanced Revenue LLC

242 Culver Street, Ste. 200-A Lawrenceville, GA 30046

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

RE Enhanced Revenue LLC

o∰hom It May Concern:

nclosed you will find our completed application.

Please mail all correspondence to:

Montgomery Harrell Enhanced Revenue LLC 242 Culver Street Ste 200-A Lawrenceville, GA 30046-3243

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

Montgomery Harrell Enhanced Revenue LLC Phone: (404) 919-7008 Fax: (877) 919-7009

Email: MontyHarrell@enhanced-revenue.com

<u>Enclo</u>sures

COVER LETTER

Registration Section

Division of Corporations Enhanced Revenue LLC Name of Limited Liability Company control of the 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... segreturn all correspondence concerning this matter to the following: Montgomery Harrell Name of Person Enhanced Revenue LLC Firm/Company 242 Culver Street, Ste. 200-A Address Lawrenceville, GA 30046 City/State and Zip Code montyharrell@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Montgomery Harrell 919-7008 Name of Person Area Code & Daytime Telephone Number **MAILING ADDRESS: STREET ADDRESS:** Division of Corporations **Division of Corporations** Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 sed is a check for the following amount: \$125.00 Filing Fee \$\Bigsim \\$130.00 Filing Fee & \Bigsim \\$155.00 Filing Fee & \Bigsim \\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

LIVITED LIADILITY CONTRAINT TO HANAGE DO	RIDA STATUTES, THE FOLLOWING IS SUBMITI SINESS INTHE STATE OF FLORIDA:	ED IO REGI	SIEK A
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(Jürisdiction under the law of which foreign lin	ited liability (FEI number, if ap	plicable)	
4 209/20/2010	5. Perpetual		
(Date of Organization)	(Duration: Year limited liability	company wil	l cease t
	exist or "perpetual")	Ā	2011
6. Upon Qualification (Date first transacted	business in Florida, if prior to registration.)	<u> - 두</u> 뜻	-
(See sections 608.501	& 608.502 F.S. to determine penalty liability)	HA HA	8
76. 242 Culver Street, Ste. 200-A, Lawrenceville,	GA 30046	SSE	Ċ
Angle.		mo mo	T P
(A)	Street Address of Principal Office)	<u> </u>	c)
	· · · · · <u> </u>	E	27
8 If limited liability company is a manag	er-managed company, check here		
9. The name and usual business addresse	s of the managing members or managers a	re as follows	2.
*	or the managing members of managers an	o as rono	
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2011 AUG 15 PH 80 27 SECKETARY OF STATE TALLAHASSEE, FLORIDA

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. Enhanced Revenue 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 writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-3558092 (FEI number, if applicable)
4. 09/20/2010 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 242 Culver Street, Ste. 200-A, Lawrenceville, GA 30046
(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:
Louis Phillips Reames, 242 Culver Street, Ste. 200-A, Lawrenceville, GA 30046
Montgomery Harrell, 242 Culver Street, Ste. 200-A, Lawrenceville, GA 30046
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.)
Angela Butera, Attorney-in-Fact Typed or printed name of signee

Collectors Insurance Agency, Inc. Power of Attorney

The Entity and Subsidiaries, having taken all necessary fact the power to execute the documents necessary to file quegistrations, licenses, permits and forms of similar import on behaviorist of Columbia and Puerto Rico.	steps to authorize the changes, hereby grants it's attorney-in- ualifications, certificates of authority, registrations, business half of the Entity and Subsidiaries in any state, jurisdiction, the
This Power of Attorney expires when revoked by the Ent	•
IN WITNESS WHEREOF, the undersigned have executed this Pov	wer of Attorney on the 2 day of June, 2011.
	Signature of Authorized Entity Representative MANAGE R Print Name and Title
Sworn to and subscribed before me this of	ARTHUR SYKES JR Notary Public Fulton County State of Georgia My Commission Expires Mar 10, 2013

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.

Enhanced Revenue LLC	
If unavailable, the alternate to be used in the sta	te of Florida is:
N/A	, <u></u>
2. The name and the Florida street address of th	e registered agent and office are: A C C
C T Com	poration System
	(Name)
	rii≺
1200 South	Pine Island Road
	P.O. Box NOT ACCEPTABLE)
	RIDE PA
Plantation	FL 33324
	City/State/Zip
•	·
Having been named as registered agent and to accliability company at the place designated in this ce agent and agree to act in this capacity. I further a relating to the proper and complete performance a obligations of my position as registered agent as p C T Corporation System By: (Signature)	ertificate, I hereby accept the appointment as registered gree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the
\$ 100.00 Fil	ing Fee for Application

\$ 25.00

\$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

Control No. 10065893

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

ENHANCED REVENUE LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 09/20/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of August, 2011

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 7666962-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp