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<u></u>	WAIT	MAIL			
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(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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G. MCLEOD

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EXAMINE!



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SECRETARY OF STATE

AND SEFE FLORIDATE

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Aa5ji2]\PA UL T. MARKS ATTORNEY AT LAW 307 S. Boulevard Tampa, Florida 33606 (813) 250-1252 Fax: (813) 250-1591

Septeml er 13, 2011

Division of Corporations Registration Section P. O. Box 6327 Tallahassee, Florida 32314

RE: Restored Assets, LLC

Dear Sir/Madam:

Previously, I sent you an Application for Foreign Limited Company to do business in Florida, together with a Certificate of Designation of Registered Agent, my check for \$125.00 and a Certificate of Existence. Subsequently, your office informed me that I had furnished the wrong certificate.

Accordingly, in order to correct the oversight, I now enclose an original Certificate of Existence/Authorization of Restore Assets, LLC, which I trust is sufficient to permit the filing of the above LLC as authorized to do business in Florida.

Should you need any further information, please contact me at your convenience

Thank you for your assistance in this matter.

Sincerely yours,

PAUL T. MARKS

PTM/mp Encls.

COVER LETTER

Registration Section Division of Corporations

	Name o	of Limited Liability Company
The e Exist	enclosed "Application by Foreign Limited Liability ence, and check are submitted to register the abov	Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida
Pleas	e return all correspondence concerning this matter	to the following:
	Paul T. Marks	
, Labore		Name of Person
		Firm/Company
	7415 S. Morton St.	
		Address
	Tampa, Florida 33616-2020	
	-	City/State and Zip Code
	ptmarks41@aol.com	
	·	e used for future annual report notification)
For fi	urther information concerning this matter, please c	all:
	Paul T. Marks	_{at (} 813 ₎ 250-1252
	Name of Person	Area Code & Daytime Telephone Number
		TREET ADDRESS: ivision of Corporations
) Ye	Registration Section R	egistration Section
		lifton Building 661 Executive Center Circle
	•	allahassee, FL 32301
	osed is a check for the following amount:	
	\$125.00 Filing Fee \$\ \text{Certificate of Status}	\$155.00 Filing Fee & \$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.	Restored Assets, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	(Name of Poteign Limited Liability Company, must include Limited Liability Company, L.L.C., or LLC.)	
CO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili ompany," "L.L.C," "LLC.")	
2.	Washington 3, 45-2824126	
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4.	July 12, 2011 5 July 12, 2055	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	NA	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	7820 Larimer Road	
	Everett, Washington 98208	77
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	11
9.	The name and usual business addresses of the managing members or managers are as forms:)
	Shavonne Tonnes	
	7820 Larimer Road	٠.
	Everett, Washington 98208	
10). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	ando in
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	AUS II I
	inslation of the certificate under oath of the translator must be submitted.)	
11	1. Nature of business or purposes to be conducted or promoted in Florida:	
	asset recovery and other lawful enterprises	
	www on	
	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.)	
	Paul T. Marks	

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 r	name of the Limited Liability Comp	any is:				
Restored Assets, LLC						
If unava	ilable, the alternate to be used in the	e state of Florida is:				
2. The r	name and the Florida street address	of the registered agent and office a	re:			
•	Paul T. Marks	(Name)				
· .	7415 S. Morton Stree	ress (P.O. Box <u>NOT</u> ACCEPTABLE)				
· ~.	Tampa, Florida	FL 33616 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 biligations 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 Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

OF RESTORED ASSETS, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 7/12/2011.

I FURTHER CERTIFY that as of the date of this certificate, RESTORED ASSETS, LLC remains active and has complied with the filing requirements of this office.

Date: September 1, 2011

UBI: 603-129-016

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State