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COVER LETTER

SUBJECT: Rent Recover LLC		
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 Engberg		
Name of Person		
Rent Recover LLC		
Firm/Company		
2010 Yakima Valley Hwy, #45		
Address		
Sunnyside, WA 98944		
City/State and Zip Code		
mengberg@rentrecover.com		
mengberg@rentrecover.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Michael Engberg at (509) 836-5555		
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: \$\int_{125.00}\$ \text{Filing Fee} \text{Fee} \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certified Copy} \text{S160.00 Filing Fee, 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 HARD TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

Dead Dead and LC	SINIE OF FLORIDA.
1. Rent Recover LLC (Name of Foreign Limited Liability Company; must include the company)	de "Limited Liability Company." "L.L.C" or "LLC.")
(Traine of Foreign Dimines Distance Company, must make	
Of name unavailable, enter alternate name adopted for the purpos	se of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alter	nate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")	
2. Illinois 3	68-0659010
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 08/23/2007 5	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 220 Gerry Dr	
Wood Dale, IL 60191	
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Jose Salas - 2010 Yakima Valley Hwy #45,	Sunnyside, WA 98944
Timothy Fortner - 220 Gerry Dr, Wood D	ale, IL 60191
10. Attached is an original certificate of existence, no more than 90 d	lays old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy	
translation of the certificate under oath of the translator must be subn	nitted.)
11. Nature of business or purposes to be conducted or	promoted in Florida: Consumer collection
agency performing third-party collection s	ervice.
	PAR ON T
Signature of a member or an au	thorized representative of a member.
penalties of perjury that the facts stated herein are tru	e. I am aware that any false information submitted in a
· · · · · · · · · · · · · · · · · · ·	a third degree felony as provided for in s.8 2 45, FSD
Jose Salas	

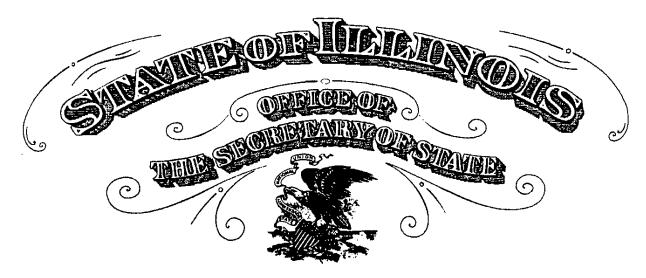
Typed or printed name of signee

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 Limite	d Liability Company is:
_ RENT RECO	WER LLC
If unavailable, the alternat	e to be used in the state of Florida is:
2. The name and the Flori	da street address of the registered agent and office are:
C T Corpora	tion System
	(Name)
1200 South 1	Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation	FL 33324 City/State/Zip
liability company at the pla agent and agree to act in th relating to the proper and c obligations of my position a	stered agent and to accept service of process for the above stated limited ace designated in this certificate, I hereby accept the appointment as registere is capacity. I further agree to comply with the provisions of all statutes complete performance of my duties, and I am familiar with and accept the stregistered agent as provided for in Chapter 608, Florida Statutes. Corporation System Docie Kluess, Asst. secretary (Signature) \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

File Number _____0230484-8____



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

RENT RECOVER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 23, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1129701940

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH

day of OCTOBER A.D. 2011

Desse White

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE