1112 000000115

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ਹੈ dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400216099594

01/06/12--01017--029 **125.00

2012 JAN -6 PH 69 17
SEGRETARY OF STATE
TALL ZHASSEE, FLORIBA

T. CLINE

JAN - 9 2012

EXAMINER

Orion State Licensing, Inc.

January 5, 2012

VIA OVERNIGHT DELIVERY

Florida Department of State Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301 (850) 245-6051

> Bureaus Investment Group Portfolio No. 16, LLC FL Application for Authorization to transact business in Florida

Dear Sir or Madam,

Please find enclosed:

1) Above-referenced application 1 Original

2) Check made payable to: Florida Department of State; No Credit Cards (5-7 Bus. Days

2a) Fee for Regular processing -\$ 125.00

3) Home state Certificate of Good Standing Dated within 90 days

4) Minutes of Special Meeting / Corporate Resolution using alternate name in Florida (if any

If you have any questions, please contact the undersigned.

Very truly yours,

Orion State Licensing, Inc.

Janet Lopez, CEO

Please return the document to Orion State Licensing, Inc. at 155 N. Riverview Drive, ANAHEIM HILLS, CALIFORNIA 92808

COVER LETTER

Div	rision of Corporations	entfelia No. 16. LLC	
SUBJECT:			_
	ľ	Name of Limited Liability Company	
The enclosed Existence, an	d "Application by Foreign Limited L nd check are submitted to register the	iability Company for Authorization to Transact Busines e above referenced foreign limited liability company to	ss in Florida," Certificate of transact business in Florida
Please return	all correspondence concerning this	matter to the following:	
	Janet Lopez	•	
	- / \$41	Name of Person	
	Orion State Licensing, Inc.		
		Firm/Company	
	155 N. Riverview Drive	•	
		Address	d 6-3
	Anaheim, CA 92808		100 II III
		City/State and Zip Code	
	janet@orionlicensing.com		55.0
	E-mail address	s: (to be used for future annual report notification)	
For further in	nformation concerning this matter, p	lease call:	JAN-6 PH STATE
Jar	net Lopez	at () 888-315-0805	*
	Name of Person	Area Code & Daytime Telephone Number	
Div Reg P.O Tal	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following am 25.00 Filing Fee 130.00 Filing Certificate of S	Fee & 155.00 Filing Fee & 60.00 Filing	Fee, Certificate ertified 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:

Bureaus Investment Group Portfolio No. 1 (Name of Foreign Limited Liability Comp	6, LLC		""L.L.C.,"	or "LLC."	·'')
(If name unavailable, enter alternate name adopte consent of the managers or managing members ac Company," "L.L.C," "LLC.")	d for the purpose of transaction the purpose of transaction the alternate name. T	ing business in Flor The alternate name i	ida and att nust includ	ach a copy le "Limited	of the writter d Liability
2. Illinois	3 27-23639	932			
(Jurisdiction under the law of which foreign lin company is organized)	nited liability	(FEI number, if	applicable	e)	
4. 3/15/2010	5. perpetua				
(Date of Organization)		n: Year limited liab 'perpetual")	ility compa	iny will ce	ase to
6. Upon Approval		•			
(Date first transacted	business in Florida, if prior & 608.502 F.S. to determine	to registration.) penalty liability)		ar	21
7. 1717 Central Street	Evanston	IL	60201		2012
				到高	2
	Street Address of Principal C	Office)		<u> </u>	6 [
·				E S	3
8. If limited liability company is a manag	ger-managed company, of	check here		FIST	重
9. The name and usual business addresse	s of the managing mem	bers or manager	s are as f	ollows	ب ب ب
Bureaus Investment Group III, LLC 171	7 Central Street E	vanston II	602	01	
	d. (A photocopy is not accept	•		_	-
11. Nature of business or purposes to be	conducted or promoted	in Florida:			
Debt buyer	//				
\sim					
	nber of an authorized rep	presentative of a	member		
(In accordance with section 608.408)	3), F.S., the execution of this do	cument constitutes ar	affirmation	under the	
penalties of perjury that the facts sta	ted herein are true. I am aware	that any false info	rmation sul	omitted in	a C)
document to the Department of S Michael Sic	state constitutes a third degre	e reiony as provide	a for in S.8	s; 1.133 , 1 °.	.s. <i>j</i>
•	ed or printed name of si	gnee			

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.

I. The name of	of the Limited Liability C	Company is:		
Bureaus Inves	tment Group Portfolio No. 1	6, LLC		
If unavailable	, the alternate to be used i	in the state of Florida is:		
2. The name a	and the Florida street add	ress of the registered agent and office are:		
	InCorp Services, Inc.			
		(Name)	2012 JAN SESTET	and SEA S.
	17888 67th Court North		复	Santage Santage Santage Santage
Florida Street Address (P.O. Box NOT ACCEPTABLE)		ARY SSE	FFI	
	Loxahatchee	FL 33470	OF ST	-
		City/State/Zip	ON THE	

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.

By Jenne Sedlacek on behalf of Dreorp Services, Inc.
(Signature) Tennie SedLACEK, COO

\$ 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

0245662-1



To all to whom these Presents Shall Come, Greeting:

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

BUREAUS INVESTMENT GROUP PORTFOLIO NO. 15, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 11, 2008, 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 #: 1200402502

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

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH

day of JAN

JANUARY

A.D.

2012

Desse White

SECRETARY OF STATE