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COVER LETTER

	Registration Section Division of Corporations	111 3200 0002 PO40 3	1611					
SUBJEC		Law Group, PLLC e of Limited Liability Company						
The enclo Existence	sed "Application by Foreign Limited Liabi , and check are submitted to register the ab	lity Company for Authorization to Tove referenced foreign limited liabil	ransact Business in Florida," Certificate of ity company to transact business in Florida					
Please return all correspondence concerning this matter to the following:								
		Robert Powell						
Name of Person								
Collection Licensing, LLC								
Firm/Company								
1752 S Lima St.								
Address								
Aurora, CO 80012								
City/State and Zip Code								
robert@collectionlicensing.com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
_	Robert Powell	at (303)	369-1586					
Name of Person Area Code & Daytime Telephone Number								
T. R P T	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, 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 amoun	t:						
V	\$125.00 Filing Fee \$130.00 Filing Certificate of		\$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: Kirkland Law Group, PLLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Washington 46-0697303 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 07/26/2012 Perpetual (Date of Organization) (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. 18000 72nd Avenue S, Suite 200, Kent, WA 98032 (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: R. Jeff Wade, 18000 72nd Avenue S, Suite 200, Kent, WA 98032 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.) debt collection 11. Nature of business or purposes to be conducted or promoted in Florida:

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.)

R. Jeff Wade
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 Limited Liab	oility Compa	any is:			
<u> </u>	Kirkland L	aw Group, Pl	LC		
If unavailable, the alternate to be	used in the	state of Florida is	3:		
2. The name and the Florida stre	et address o	of the registered as	gent and office are:		
NRAI Services, I	nc.				
		(Name)			
515 East Park Av	*****	ress (P.O. Box NOT	- CGTPR- DI T)		
rione	ua Sureet Addi	ress (P.O. Box NOT	ACCEPTABLE)		
Tallahassee		FL City/State/Zip	32301		
Having been named as registered liability company at the place designated agent and agree to act in this caperelating to the proper and compleability of the p	ignated in th acity. I furth te performa	o accept service of his certificate, I hen her agree to compl nce of my duties, a	reby accept the appo y with the provisions nd I am familiar with	intme <mark>nt</mark> as s of all stat h and acce	registered utes pt the
obligations of my position as regis NRAI Services, Inc. By:	sierea ageni	as proviaea jor in	Cnapter 008, Florid	ia Siatutes	•
(Signature) Michael J. Mirrione, Assistant Se	ecretary			SEC	3
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for A Designation of Certified Copy Certificate of S	Registered Agent (optional)	CRETARY OF S AHASSEE, FL	FILED



Secretary of State

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

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF KIRKLAND LAW GROUP, PLLC

I FURTHER CERTIFY that the records on file in this office show that the above named Professional Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 7/26/2012.

I FURTHER CERTIFY that as of the date of this certificate, KIRKLAND LAW GROUP, PLLC remains active and has complied with the filing requirements of this office.

Date: August 23, 2012

UBI: 603-225-731

STATE OF WASHINGTON 1889 NO.

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

Sain Reed, Secretary of State