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(Requestor's Name)					
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(Document Number)					
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ECRETARY OF STATE

CR2E027 (9/10) COVER LETTER
TO: Registration Section Division of Corporations
Accelerated Inventory Management, LLC SUBJECT:
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:
Andrew Levý
Name of Person
Accelerated Inventory Management, LLC
Firm/Company
5725 W Highway 290, STE 103
Address
Austin, TX 78735
City/State and Zip Code
alevy@acceleratedinventory.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Levý 512 765-9056 at ()
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations

Registration Section

2661 Executive Center Circle

Clifton Building

Tallahassee, FL 32301

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fe

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$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

LI	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Accelerated Inventory Management, LLC
••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
coi	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Delaware 3. 37-1653155
((Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	10/27/2011 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	We have not transacted business in Florida
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	5725 W Highway 290, STE 103
	Austin, TX 78735
	(Street Address of Principal Office)
8.	(Street Address of Principal Office) 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:
	Chesa Holdings, LLC (Sole Managing Member)
	5725 W Highway 290, STE 103
	Austin, TX 78735
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under eath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Third-party collection agency.
	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.)

Michael Crossan 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.

	the Limited Liability	• •	
Accelerated Inve	entory Management, LLC		
If unavailable, t	he alternate to be used	in the state of Florida is:	
2. The name an	d the Florida street ad	dress of the registered agent and office are:	
	Corporation Service Co	ompany	E 8 E
		(Name)	
	1201 Hays Street		23
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	92301 FL	ORBITAL DE
		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 obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By: MCMC HOW Assistant VP

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACCELERATED INVENTORY MANAGEMENT,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY,

A.D. 2013.

5058528 8300

130856516

AUTHENTY CATION: 0580033

DATE: 07-11-13

You may verify this certificate online at corp. delaware.gov/authver.shtml