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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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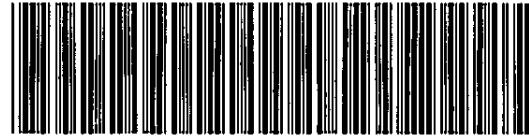
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 17 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cred X Debt Recovery, 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:

James Sauer

Name of Person

Cred X Debt Recovery, LLC

Firm/Company

4252 Ridge Lea Suite 106

Address

Amherst, NY 14226

City/State and Zip Code

jsauer@credxdebtrecovery.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Sauer

Name of Person

at (716) 417-1729

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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

Cred X Debt Recovery, LLC

**4252 Ridge Lea Suite 106
Amherst, NY 14226**

State of Florida
FL Reg Section Division of Corporations
2661 Executive Center Circle Clifton Building
Tallahassee, FL 32301

RE: Cred X Debt Recovery, LLC

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

James Sauer
Cred X Debt Recovery, LLC
4252 Ridge Lea Suite 106
Amherst, NY 14226

If you have any questions regarding this application, please contact:

James Sauer
Cred X Debt Recovery, LLC
Phone: (716) 417-1729
Fax: (716) 833-3467
Email: jsauer@credxdebtrecovery.com

Enclosures

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Cred X Debt Recovery, LLC
(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.")

2. New York 3. 26-2857939
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/23/2008 5. perpetual
(Date of Organization) (Duration/Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4252 Ridge Lea Suite 106, Amherst, NY 14226
(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:

James Sauer, 4252 Ridge Lea Suite 106, Amherst, NY 14226

Jeffrey Schulz, 4252 Ridge Lea Suite 106, Amherst, NY 14226

Richard Schulz, 4252 Ridge Lea Suite 106, Amherst, NY 14226

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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Debt Collection


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.)

Angela Butera, Attorney-in-Fact
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

**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 Liability Company is:

Cred X Debt Recovery, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324

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.

C T Corporation System

By: Michele Miller

(Signature)

Michele Miller
Assistant Secretary

\$ 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**State of New York
Department of State } ss:**

I hereby certify, that CLEAR DEBT SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/23/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment CLEAR DEBT SOLUTIONS, LLC, changing its name to CRED X DEBT RECOVERY, LLC, was filed 03/20/2009.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of November
two thousand and thirteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

Collectors Insurance Agency, Inc.

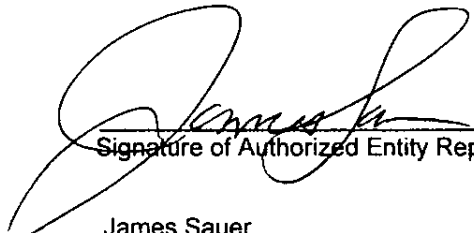
Power of Attorney

NOTICE IS HEREBY GIVEN THAT Credx Debt Recovery LLC ("Entity") an entity organized under the laws of New York, does hereby appoint, Angela Butera, Lisa M. Eubanks, Jeff Schoenberg and Janis St. Martin while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 7th day of November, 2013.



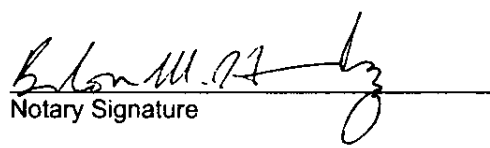
Signature of Authorized Entity Representative

James Sauer,

Print Name and Title

Sworn to and subscribed before me
This 7th of November, 2013.

Notary Public, State of New York
Commission Expires: 11/14/15



Notary Signature

BRANDON M HERNANDEZ
Notary Public - State of New York
No. 01HE6250989
Qualified in Erie County
My Commission Expires November 14, 2015