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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: National Recovery Services, 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:

Catherin	e McPherso	on, Esq.			
	Na	me of Person		, , , , , , , , , , , , , , , , , , ,	
	Fi	m/Company			
247 Cay	uga Road, S	Suite 10			
		Address		· · · · · · · · · · · · · · · · · · ·	
Cheekto	waga, New	York 142	225		
	City/St	ate and Zip Code			7.20
cmcpher	son.ccr@gn	nail.com			
E	-mail address: (to be used	for future annual	report notifi	ication)	
For further information concerning t	his matter, please call:				
Alan Malke		716	,444	-8749	*****
Name of	Person Area	Code & Daytime	Telephone	Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registro Clifton 2661 E	CT ADDRESS: n of Corporations ation Section Building secutive Center Ci ssee, FL 32301	rcle		
Enclosed is a check for the fol ☐ \$125.00 Filing Fee [	lowing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Co			g Fee, Certificate 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:

LIMITED	) LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	E.	STATE OF FLORIDA:	
1. Nati	ional Recovery Services, LLC			
(N	lame of Foreign Limited Liability Company; must incli	ude	"Limited Liability Company," "L.L.C.," or "LLC.")	
Natio	nal Revenue Services, LLC			
consent c	unavailable, enter alternate name adopted for the purposition of the managers or managing members adopting the alternation," "L.L.C," "LLC.")	ose erna	of transacting business in Florida and attach a copy of the writte ate name. The alternate name must include "Limited Liability	n
<sub>2.</sub> Nev		3.	90-0942784	
(Jurisd compa	liction under the law of which foreign limited liability my is organized)		(FEI number, if applicable)	
4. 12/	/31/2012	5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6		<del></del>		
	(Date first transacted business in F (See sections 608.501 & 608.502 F.S.)	iori S. te	o determine penalty liability)	
7. <u>48</u>	5 Cayuga Road			
Ch	eektowaga, New York 14225		Principal Office)	, ,
	(Street Address	s of	Principal Office)	1
	nited liability company is a manager-managed			; ;
	name and usual business addresses of the man		*±>	
Ala —	an Malke, 485 Cayuga Road, Ch	e	ektowaga, New York 14225	
10. Attac	ched is an original certificate of existence, no more than 9	0d	ays old, duly authenticated by the official having custody of record	ls in
			is not acceptable. If the certificate is in a foreign language, a	
translatio	n of the certificate under oath of the translator must be su	ibm:	•	
11. Na	ture of business or purposes to be conducted of	or p	promoted in Florida: Consumer	
De	bt Collection	1		
	/ V/2 /	/	Mez	
	Signature of a member or an a	utĥ	norized representative of a member.	
			ion of this document constitutes an affirmation under the	
			I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)	
	Alan Malke			

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 Liability Company is:	
National Recovery Services, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
National Revenue Services, LLC	
2. The name and the Florida street address of the registered agent and office are:	20 2
InCorp Services, Inc.	MA PEC
(Name)	26
17888 67th Court North	i i
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Loxahatchee <sub>FL</sub> 33470	(A)
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.

MM M Natalie Bales on behalf of Incorpservices, Inc.

\$ 100.00 Fling Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 20.00 Certificate Cupy (updanat)
\$ 5.00 Certificate of Status (optional)

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

I hereby certify, that NATIONAL RECOVERY SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/31/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



 WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of October two thousand and thirteen.

Owthy Sicilia

Executive Deputy Secretary of State