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#### **COVER LETTER**

Registration Section
Division of Corporations TO:

SUDJECT.	Distressed Asset Portfolio	III, LLC
SUBJECT.		

Name of Limited Liability Company

ate of orida..

Please return	all correspondence concerning this	matter to the fo	llowing:			
	Elizabeth Andı	es				
		Name	e of Person			<del>-</del>
	Distressed Ass	set Por	tfolio III,	LLC		
		Firm	/Company			<del></del>
	10625 Techwo	ods Ci	rcle			
		A	Address			_
	Cincinnati, OH	45242	) ,			
		City/State	and Zip Code			
	legallicensing@	ป็นnifun	id.com		·•	\$150 h Elle 150 2721
		_	r future annual rep	ort notification)	1	<del>_</del>
For further inf	formation concerning this matter, pl	ease call:			5. <u>C:</u>	no no
El	izabeth Andres		513	489-8877	••	Tt:
	Name of Contact Person		Area Code	Daytime Telephone	Number	<u>ب</u> چ
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314	Division o Registratio Clifton Bu 2661 Exec		ele		σ.
	a check for the following am					
■ \$1	25.00 Filing Fee ☐ \$130.00 Fi Certificate	_	□ \$155.00 Filing Certified Cop			

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Distressed Asset Portfolio III, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L	.C.," or "LLC.")	
N/A		11
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alter Liability Company," "L.L.C," or "LLC.")	mate name must i	nclude "Limited
<sub>2.</sub> Ohio <sub>3.</sub> 45-2796255		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if	applicable)	
4. upon registration		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5 10625 Techwoods Circle, Cincinnati, OH 45242		
···		
(Street Address of Principal Office)		
10625 Techwoods Circle, Cincinnati, OH 45242		
6. 10020 10011110000 011010, 011101111001, 011 102 12		<u></u>
	2	
(Mailing Address)	74	2
7. The name, title or capacity and address of the person(s) who has/have authority	to manage is	/are:
Credit Card Receivables Fund Incorporated	* •	**************************************
10625 Techwoods Circle, Cincinnati, OH 45242		3: 2:
Managing Member	,	<u> </u>
8. Attached is an original certificate of existence, no more than 90 days old, duly as having custody of records in the jurisdiction under the law of which it is organized acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)	. (A photocop	y is not
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as		
Jason Kaster, Vice President		

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
Distressed Asset Portfolio III, 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:

	(Name)	
1201 Hays Str	reet	<u> </u>
Florida Street Address (P.O. Box NOT ACCEPTABLE)		U.
Tallahassee,	Ff. 32301	
	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 605, Florida Statutes.

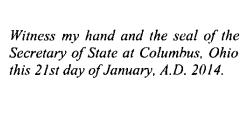
Vickie Sloan for Corporation Service Company

(Signature)

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

# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DISTRESSED ASSET PORTFOLIO III, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2035348, was organized within the State of Ohio on July 19, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.





**Ohio Secretary of State** 

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Validation Number: 201402100358