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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

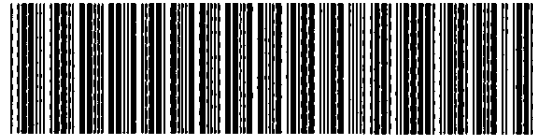
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CERTIFICATE OF PUBLIC...

B. BOSTICK
FEB - 5 2014
EXAMINFR

COLLECTION LICENSING, LLC

Robert Powell, CEO

1752 S. Lima St. Phone: (303) 369-1586
Aurora, CO 80012 Fax: (303) 369-1589
robert@rpowell.net

www.collectionlicensing.com

TRANSMITTAL SHEET

VIA USPS CERTIFIED MAIL # 7013 1710 0000 6950 1906

January 25, 2014

To: **Florida Department of State
Registration Section
Division of Corporations**

Re: **Apple Recovery, LLC**

The paperwork and appropriate fee for the **foreign business registration** for the above referenced **foreign limited liability company** is enclosed. **Please mail the Certificate of Authority directly to me at 1752 S. Lima St., Aurora, CO 80012.**

If there are any problems with the attached paperwork, please allow me the professional courtesy of resolving any deficiencies before returning the paperwork to me. Rather than returning the paperwork, causing further delays and expense for your department and state, if you have any further questions or concerns regarding this filing, please contact me via email robert@rpowell.net or call at 303-369-1586 so that I can resolve any problems immediately.

Very truly yours,

Robert D. Powell

Robert Powell
Licensing Administrator

Enclosures

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Apple 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:

Robert Powell

Name of Person

Collection Licensing, LLC

Firm/Company

1752 S Lima St.

Address

Aurora, CO 80017

City/State and Zip Code

robert@rpowell.net

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

For further information concerning this matter, please call:

Robert Powell

Name of Contact Person

at (303)

Area Code

369-1586

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

REGISTRY OF STATE
FILED
TALLAHASSEE, FLORIDA

2014 FEB -5 P 5:06

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

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

1. Apple 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4605686

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11489 W. Bear Creek Drive

Lakewood, CO 80227

(Street Address of Principal Office)

6. 11489 W. Bear Creek Drive

Lakewood, CO 80227

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

mgr

James W. MacGuire 11489 W. Bear Creek Drive, Lakewood, CO 80227

mgr

Nick J. Evancich 11489 W. Bear Creek Drive, Lakewood, CO 80227

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

8. 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)



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 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.)

James W. MacGuire

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:

Apple 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:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

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

Plantation


FL 33324

City/State/Zip

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OFFICE OF STATE

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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.

By: NRAI Services, Inc. 
(Signature)
Sabrina Tittapaugh, Asst. Secretary

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

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Apple Recovery, LLC

is a **Limited Liability Company** formed or registered on 01/09/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141020087.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/22/2014 that have been posted, and by documents delivered to this office electronically through 01/24/2014 @ 08:05:19.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/24/2014 @ 08:05:19 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8744822.



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SECRETARY OF STATE
DENVER, COLORADO

A handwritten signature in black ink, appearing to read 'Scott Gessler', is written over a horizontal line.

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."