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COVER LETTER

TO:

Registration Section Division of Corporations

AFFORDABLE DEBT 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 cond	cerning this matter to the	following:		
Tom Col	elo			
- <u> </u>	N	ame of Person	<u> </u>	
AFFORD	ABLE DEE	T MANA	GEME	NT
***	F	irm/Company		
410 S. R	ampart Blv	d Suite 39	90	
		Address		
Las Vega	as, Nevada	89145		
	City/S	tate and Zip Code		
tcollelo@	att.net			
	E-mail address: (to be use	d for future annual repo	ort notification)
For further information concerning th	is matter, please call:			
Tom Collelo		_at (702)	800-5	5076
Name of Co	ontact Person	Area Code		Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registr Clifton 2661 E	et Address: n of Corporations ation Section Building executive Center Circussee, FL 32301	le	
		5100, 1 D 51001		
Enclosed is a check for the foll \$125.00 Filing Fee	owing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy		\$160.00 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, AFFORDABLE DEBT MANAGEMENT L.L.C., as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 14, 2014, and is in good standing in this state.

SENI OF THE

Electronic Certificate
Certificate Number: C20140307-2839
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 7, 2014.

ROSS MILLER Secretary of State

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 AFFORDABLE DEBT MANAGEMENT L.L.C.		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company	ıy," "L.L.C.," or "LLC.")	
ADM L.L.C.		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Liability Company," "L.L.C," or "LLC.")	The alternate name must inc	lude "Limited
MEVADA 46.4920000		
(Jurisdiction under the law of which foreign limited liability (FEI no	umber, if applicable)	
company is organized)		
4. upon qualification (Date first transacted business in Florida, if prior to registration	.)	<u>.</u>
(See sections 605.0904 & 605.0905, F.S. to determine penalty liab	ollity)	
5		
410 S. Rampart Blvd Suite 390		
(Street Address of Principal Office)		
_{6.} Las Vegas, Nevada 89145		
Same as above		
(Mailing Address)	× 5.	
7. The name, title or capacity and address of the person(s) who has/have au	thority to manage is/a	A
		11 C.
Tom Collelo manager		· · ·
410 S. Rampart Blvd Suite 390		-1
Los Vogos Novodo 90145		. .
Las Vegas, Nevada 89145		
8. Attached is an original certificate of existence, no more than 90 days old,	duly authenticated by	=
having custody of records in the jurisdiction under the law of which it is organized to the state of the stat		
acceptable. If the certificate is in a foreign language, a translation of the certi	` 1	
must be submitted)		
J. Janes		
Signature of an authorized person		
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the pr am aware that any false information submitted in a document to the Department of State constitutes a third degree		
Tom Collelo		
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.

. 4.5.54	S STATEMENT TO DESIGN HE STATE OF FLORIDA.	NATE A REGISTERED OFFICE AND RE	GISTERED
	of the Limited Liability Com	•	
If unavailable,	, the alternate to be used in the	ne state of Florida is:	
2. The name a		of the registered agent and office are:	
	Robby H. Birnb	(Name)	_
	100 West Cypr	ess Creek Rd Suite 700	
	Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)	
	Fort Lauderdale	FL 33309	772
		City/State/Zip	7 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Having been named as registered agent and to accept service of process for the above stated limited is 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 anc accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Robby Binbaum.
(Signature)

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