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K.SALY EXAMINER AUG 25 2014



ON SERVICE COMPANY
ACCOUNT NO. : 12000000195
REFERENCE : 266973 7824295
AUTHORIZATION :
COST LIMIT S 160.00
ORDER DATE : August 21, 2014
ORDER TIME : 9:30 AM
ORDER NO. : 266973-015
CUSTOMER NO: 7824295
FOREIGN FILINGS  NAME: AION RECOVERY GROUP LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935

EXAMINER:

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

Aion Recovery Group LLC

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:

Paul G. Prince
Name of Person
Brick & Patel LLP
Firm/Company
1290 Avenue of the Americas, 34th Floor
Address
New York, NY 10104
City/State and Zip Code
pprince@brickpatel.com
E-mail address: (to be used for future annual report portification)

For further information concerning this matter, please call:

Paul G. Prince, Esq.

Name of Contact Person

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 Tallabassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

□ \$155.00 Filing Fee & □ \$130.00 Filing Fee & Certificate of Status Certified Copy

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

#### 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: Aion Recovery Group 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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 500 Gulfstream Boulevard, Suite 106-110 Delray Beach, FI 33483 (Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: North Star Recovery Management LLC - Managing Director of Aion Recovery Group LLC 500 Gulfstream Boulevard, Suite 106-110 Delray Beach, FL 33483 Scott Friedman - Managing Director of North Star Recovery Management LLC, 500 Gulfstream Boulevard, Suite 106-110 Delray Beach, FL 33483 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.) William J. Koessler 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	e of the Limited Liability	Company is:	
Aion Recover	ry Group LLC		
If unavailabl	e, the alternate to be used	d in the state of Florida is:	W6 22
2. The name	e and the Florida street ad	ldress of the registered agent and	office are:
	Corporation Service C	ompany	
		(Name)	
	1201 Hays Street	·	
	Florida St	reet Address (P.O. Box NOT ACCEPTAGE	BLE)
	Tallahassee	32301	٠.,
		City/State/Zip	
liability com registered ag statutes relat	pany at the place designa gent and agree to act in th ing to the proper and con	nt and to accept service of process, ted in this certificate, I hereby acc is capacity. I further agree to complete performance of my duties, as registered agent as provided for mpany	cept the appointment as mply with the provisions of all and I am familiar with and

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

30.00

5.00

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AION RECOVERY GROUP LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AION RECOVERY GROUP LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5529860 8300

141100668

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 1642158

DATE: 08-22-14

You may verify this certificate online at corp.delaware.gov/authver.shtml