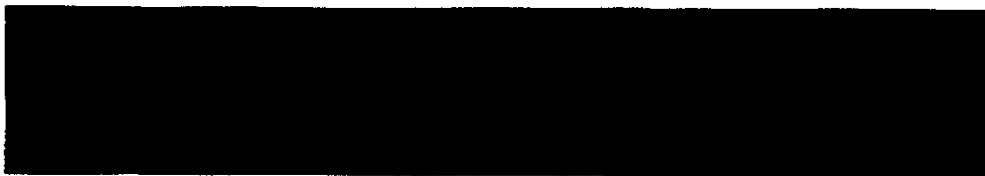


Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000289654 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ADVANCED RECOVERY SYSTEMS, LLC
Account Number : I20140000088
Phone : (305)785-5520
Fax Number : (888)919-4431

annual report mailings. Enter only one email address please.**

Email Address: BSURUJON@ADVANCEDRECOVERYSYSTEMS.COM

14 DEC 22 PM 3:36

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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14 DEC 22 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**Foreign Limited Liability Company
Advanced Recovery Systems Mgmt, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

DEC 23 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Recovery Systems Mgmt, 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:

Belina Surujon

Name of Person

Advanced Recovery Systems, LLC

Firm/Company

100 SE 3rd Avenue, Suite 1101

Address

Fort Lauderdale, Florida 33394

City/State and Zip Code

Bsurujon@advancedrecoverysystems.com

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

For further information concerning this matter, please call:

Belina Surujon

Name of Contact Person

at **754**

Area Code

300-3120 ext. 4000

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



December 19, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADVANCED RECOVERY SYSTEMS, LLC

SUBJECT: ADVANCED RECOVERY SYSTEMS MGMT, LLC
REF: W14000075533

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: E14000289654
Letter Number: 114A00026946

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 22 PM 3:36

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

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

1. Advanced Recovery Systems Mgmt, 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. Delaware

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

3. _____

(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. 100 SE 3rd Avenue, Suite 1101

Fort Lauderdale, Florida 33394

(Street Address of Principal Office)

6. 100 SE 3rd Avenue, Suite 1101

Fort Lauderdale, Florida 33394

(Mailing Address)

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14 DEC 22 PM 3:36

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Mitchell Eisenberg / MGR / 100 SE 3rd Ave, Suite 1101, Ft. Lauderdale, FL 33394

Lewis Gold / MGR / 100 SE 3rd Ave, Suite 1101, Ft. Lauderdale, FL 33394

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)

Mitchell Eisenberg / Manager

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.)

MITCHELL EISENBERG

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:

Advanced Recovery Systems Mgmt, 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:

Greenspoon Marder, P.A.

(Name)

200 E. Broward Boulevard, Suite 1800

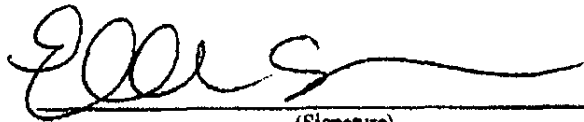
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Fort Lauderdale

FL 33301

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.



(Signature)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 22 PM 3:36

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED RECOVERY SYSTEMS MGMT, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED RECOVERY SYSTEMS MGMT, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2014.

5656673 8300

141537527

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1958303

DATE: 12-15-14