

M15000001108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

W15/5295

(Business Entity Name)

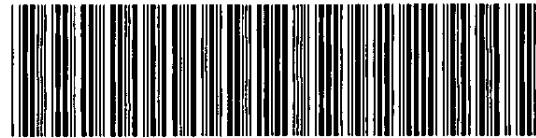
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec  
1/12/15  
707 LLC

Office Use Only



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707 LLC

M15-1108

FILED  
15 Jan 12 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/26/15--01002--015 \*\*125.00

FEB 12 2015

N. CAUSSEAU

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1115-1108

7013 3020 0002 1512 9845

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: National Recovery Association 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 80012

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

at (303)

369-1586

Name of Contact Person

Area Code

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2015

ROBERT POWELL  
COLLECTION LICENSING, LLC  
1752 S. LIMA STREET  
AURORA, CO 80012

SUBJECT: NATIONAL RECOVERY ASSOCIATION LLC  
Ref. Number: W15000005295

We have received your document for NATIONAL RECOVERY ASSOCIATION LLC and your check(s) totaling \$225.00. However, the document has not been filed and is being retained in this office for the following:

We are returning your check in the amount of \$225.00, please issue a new check in the correct amount of \$125.00. FILING FEE \$100.00 RA DESIGNATION \$25.00 OPTIONAL FEES CERTIFIED COPY \$30.00 CERTIFICATE OF STATUS \$5.00

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 515A00001536

**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. National Recovery Association LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

National Recovery Association of Georgia 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. Georgia 3. 453710053  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

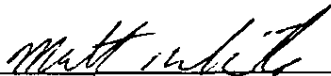
5. 210 West Academy St. SW Suite B  
Gainesville, GA. 30501  
(Street Address of Principal Office)

6. 210 West Academy St. SW Suite B  
Gainesville, GA. 30501  
(Mailing Address)

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

Matt White, Managing Member, 210 West Academy St. SW Suite B, Gainesville, GA. 30501

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.)

Matt White

Typed or printed name of signee

FILED  
15 JUN 12 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

National Recovery Association LLC

If unavailable, the alternate to be used in the state of Florida is:

National Recovery Association of Georgia LLC

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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15 JUN 12 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

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

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 11081972  
DATE INC/AUTH/FILED : October 31, 2011  
JURISDICTION : Georgia  
PRINT DATE : January 12, 2015

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NATIONAL RECOVERY ASSOCIATION LLC  
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

FILED  
15 Jan 12 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Tracking #: YjnnshoW