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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spire Recovery Solutions 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:

Meghann Helsdon
Name of Person

Spire Recovery Solutions LLC
Firm/Company

330 S Transit St
Address

Lockport NY 14094
City/State and Zip Code

meghann@ms-clp.net
E-mail address: (to be used for future annual report notification)

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15 MAR 23 PM 1:34
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Terri Groins at (253) 851-3531
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

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

NA
(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. NY 3. 38-3926591
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

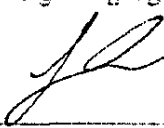
5. 330 S Transit St
Lockport NY 14094
(Street Address of Principal Office)

6. 330 S Transit St
Lockport NY 14094
(Mailing Address)

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

Joseph Torriere
Jacob Torriere

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.)

Joseph Torriere

Typed or printed name of signee

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11/28/28 PM 4:36

**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:

Spire Recovery Solutions LLC

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

NA

2. The name and the Florida street address of the registered agent and office are:

Corporate Creations Network INC
(Name)

11380 Prosperity Farms Rd Ste 221E
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Palm Beach Gardens FL 33410
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.

J Perkins
(Signature)

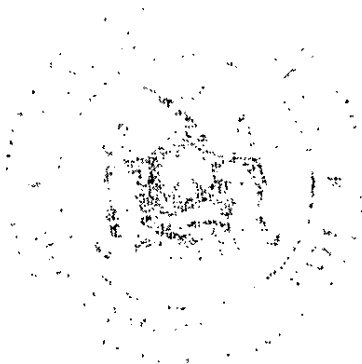
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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15 MAR 23 PM 4:34
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

State of New York
Department of State } ss:

I hereby certify, that CORNERSTONE RECOVERY GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/28/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment CORNERSTONE RECOVERY GROUP LLC, changing its name to SPIRE RECOVERY SOLUTIONS LLC, was filed 03/07/2014.



FILED
MAR 23 PM 4:36
MAR 23 2014
STATE DEPT.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 09th day of February two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State