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COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	William C. Grossman Law, PLLC				
	Nam	e of Limite	d Liability Company		
The enclosed 'Existence, and	"Application by Foreign Limited Liab check are submitted to register the al	ility Comp	pany for Authorization tenced foreign limited lia	o Transact Business in Florida," Ce bility company to transact business	rtificate of in Florida
Please return a	all correspondence concerning this ma	tter to the	following:		
	Robert Powell				
		Na	ame of Person		
	Collection Licensing, LLC				
		Fi	rm/Company		
	1752 S Lima St	-			
			Address		
	Aurora, CO 80012				
		City/Si	tate and Zip Code	·· ·	
	robert@collectionlicensing.com				
	E-mail address:	(to be used	l for future annual report n	otification)	
For further inf	ormation concerning this matter, plea	se call:			
Robo	ert Powell		at (303) 36	9-1586	
	Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	at (303) 36	Daytime Telephone Number	
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301		
	a check for the following amou 25.00 Filing Fee \$130.00 Filin Certificate of	g Fee &	□ \$155.00 Filing Fed Certified Copy	e & 🗆 \$160.00 Filing Fee, Certi of Status & Certified Cop	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 20, 2015

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

SUBJECT: WILLIAM C. GROSSMAN LAW, PLLC

Ref. Number: W15000055862

We have received your document for WILLIAM C. GROSSMAN LAW, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An accepatable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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

Letter Number: 015A00017662

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

AUG 25

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. William C. Grossman Law, PLLC 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. New York 3. 47-4305272
(Jurisdiction under the law of which foreign limited liability company is organized) (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 5965 Transit Road, Suite 500
The same
East Amherst, NY 14051
(Street Address of Principal Office)
6 5965 Transit Road, Suite 500
East Amherst, NY 14051
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
William C. Grossman, Managing Member 5965 Transit Road, Suite 500 East Amherst, NY 14051
William C. Orossman, Managing Memoer 3703 Transit Road, Sante 300 East Aminotog 277 7-57
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)
$\mathcal{A} \cdot \mathcal{M}$
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.
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 C. Communication

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.

William C. Grossr	the Limited Liability	, vertical in the second of th		
If unavailable, t	he alternate to be used	in the state of Florida is:		. ,
2. The name an	nd the Florida street ad	dress of the registered agent and office are:		
	NRAI Services, Inc.			
		(Name)	2015 FALL	
	1200 South Pine Island Road		AUG AHA	C 11
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		26 NSSE	
	Plantation	FL 33324	The P	1
	,	City/State/Zip	_ သူ့ကို သည် သည်	1142
			34 8	

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:

(Signature)

M. Maral Mirrore), ASST. Secy.

\$ 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 New York Department of State } ss:

I hereby certify, that WILLIAM C. GROSSMAN LAW, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/16/2015, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 10th day of August two thousand and fifteen.

Chrising Stardina

Executive Deputy Secretary of State