

M15000007907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

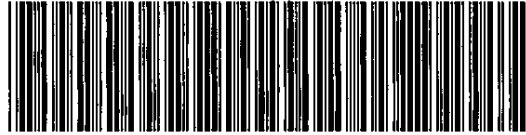
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10 OCT 15 2 22 PM
STATE OF FLORIDA

15 OCT -2 PM 1:22

OCT 05 2015

J SHIVERS



275 Northpointe Pkwy
STE 60
Amherst, NY 14228-1895
1-866-803-2879

September 25, 2015

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Our company, Atlantic Recovery Solutions, LLC, was registered on 07/15/2013 as a Domestic LLC in Florida. The Articles of Organization that we received from your state had a document number L13000099844. This was a mistake that did not come to our attention until now. We were supposed to have been registered as a *Foreign* LLC, as our office is located in New York.

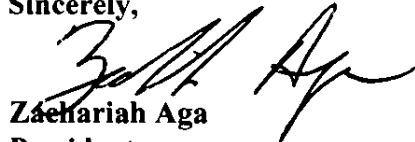
After calling the Secretary of State's office, I was instructed to dissolve this entity and reapply as a foreign LLC. I was assured that we would be able to keep our same business name as long as we provided this written consent explaining the situation.

Please find enclosed our application to dissolve our company as a Florida LLC, and reapply as a foreign LLC which is located in NYS.

Where the problem may lie is the fact that we also obtained a Consumer Collection Agency license on 08/29/2013 (license # CCA9903195) while having been registered incorrectly as a domestic llc. I am under the impression that as long as the enclosed documents are filed, this will not affect our license, because it already lists our correct New York State information on it. Please advise us if this is not correct so that we may fix the problem as soon as possible.

Please allow this letter to serve as written consent to make the above mentioned changes. Thank you.

Sincerely,



Zachariah Aga
President
Atlantic Recovery Solutions, LLC
716-844-5928

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic 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:

Sara Jones
Name of Person

Atlantic Recovery Solutions, LLC
Firm/Company

275 Northpointe Pkwy STE 600
Address

Amherst, NY 14228-1895
City/State and Zip Code

Sjones @ atlanticrecovery solutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Jones at (716) 844-5928
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 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. Atlantic Recovery Solutions, 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. 46-183-6067
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/15/13
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 275 Northpointe Pkwy STE 60
Amherst, NY 14228
(Street Address of Principal Office)

6. 275 Northpointe Pkwy STE 60
Amherst, NY 14228
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.
Office Address: 3030 N. Rocky Point Drive, STE 150A
TAMPA, Florida 33607
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Havre Bill Havre/Assistant Secretary/Registered Agents Inc
(Registered agent's signature)

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

Zachariah Aga - President - 275 Northpointe Pkwy
STE 60
Amherst, NY 14228

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Zachariah Aga
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Zachariah Aga
Typed or printed name of signee

15 OCT - 2 PM 1:22
RECEIVED BY STATE
DEPARTMENT OF STATE
TAMPA, FLORIDA

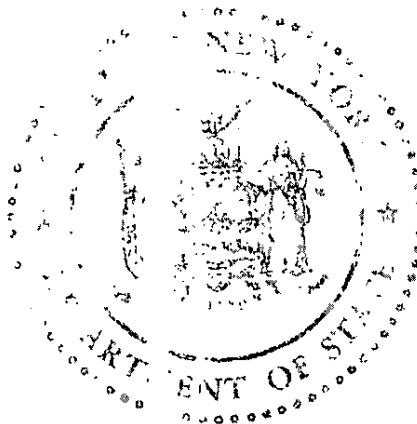
State of New York
Department of State } ss:

I hereby certify, that ATLANTIC RECOVERY SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/20/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of ATLANTIC RECOVERY SOLUTIONS, LLC was filed on 02/21/2013.

A Biennial Statement was filed 12/09/2014.

I further certify, that no other documents have been filed by such Limited Liability Company.



15 OCT -2 PM 1:22
ALBANY, NY 12244

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 20th day of August two
thousand and fifteen.*

Anthony Scardino

Executive Deputy Secretary of State