## MICODODONS

	(Re	questor's Name	)
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F	PICK-UP	☐ WAIT	MAIL
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Certifie I Cop	ies	_ Certificate	s of Status
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**S MASON** 

## **COVER LETTER**

	Management Holdings, LLC			
COUNTY COMME		Name of Limited Liability	Company	
			ation to Transact Business in Florida," Certificate ited liability company to transact business in Flori	
lease return all co	orrespondence concerning this	matter to the following:	,	
	Roy Brace			
	Marie 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Debt Management Holdings,	LLC		
		Firm/Company		
	266 Elmwood Ave #260	300 Dehware	Are ste 101	
•		Address	1	
	Butfalo NY <del>14222</del> 14 20	02		
		City/State and Zip Code	;	
rc	y@debtmanagementholdings.	.com		
	E-mail addre	ss: (to be used for future annua	I report notification)	
or turther informa	ition concerning this matter, p	lease call:		
Terri Go	ns	253	851-3531	
	Name of Contact Perso	on Area Code	Daytime Telephone Number	
MAILING ADDRESS:			STREET ADDRESS:	
Division of Corporations			Division of Corporations	
	on Section		Registration Section	
P.O. Box	6327 ee, FL 32314		Clifton Building 2661 Executive Center Circle	
i anaitassi	Sec 2 (0 ) III (1 ) Sec 2 (0 ) Se		Tallahassee, FL 32301	
ch sed is a check	for the following amount:			
<b>■ \$125.0</b>	) Filing Fee 💢 \$130.00 Fi		-	
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANYTOTRANSACT BUSINGSS IN THE STATE OF GORDA:

	eign Limited Liability Company: n	oust include "Limited Lia	bility Company," "L.L.	C.," or "LLC.")
f name unavailable, enter a iability Company, "L.L.C.	Iternate name adopted for the purpor "LLC.")	ose of transacting busine	ss in Florida. The altern	ate name must include "Limited
NY		3. 47-5125427		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if app	licable)
No business transacted				48444
	(Date first transacted busi (See sections 605.0904 & 60	ness in Florida, if prior to 15.0905, F.S. to determin	o registration.) e penalty liability)	
300 Defaware Ave   St				
Buffalo NY 14202				
	•	Principal Office)		
300 Delaware Ave Suit	te 101			
Buffalo NY 14202				18 <b>28</b>
	(Mailing	¿ Address)		
Name and street address	ss of Florida registered agent: (	P.O. Box NOT accept	uable)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Corporate Creations Network	-		rm-< ∞
Name:			_	
Office Address:	11380 Prosperity Farms Rd S	Ste 221 E	-	A II: 45
	Palm Beach		. Florida 33410	of t
			(Zip co	
egistered agent's accep aving been named as re		rvice of process for th		,
aving been named as resignated in this applicated in this application complywith the provision of the obligations of the name, title or capa	tance:  Igistered agent and to accept se  Ition, I hereby accept the appoint  ons of all statutes relative to the  my position as registered agent  (Regi	ntment us registered as e proper and complete and complete as stered agent's signature)	e above stated limite gent and agree to ac performance of my	d liability company at the po t in this capacity. I further
aving been named as resignated in this applicated in this application complywith the provision of the obligations of the name, title or capa	tance:  rgistered agent and to accept se  tion, I hereby accept the appoil  ons of all statutes relative to the  my position as registered agent  (Regi	ntment us registered as e proper and complete and complete as stered agent's signature)	e above stated limite gent and agree to ac performance of my	d liability company at the po t in this capacity. I further
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aving been named as resignated in this applicated in this applicate complywith the provision complywith the provision of the obligations of the name, title or capaton Brace LLC Member	rance:  rgistered agent and to accept se  tion, I hereby accept the appoil  ons of all statutes relative to the my position as registered agent  (Regi  acity and address of the person(s  300 Delaware Ave Suite 101 F  of existence, no more than 90 d  of which it is organized. (If the	stered agent's signature) s) who has/have author Buffalo NY 14202	e above stated limiter gent and agree to acc performance of my  rity to manage is/are:	d liability company at the pi t in this capacity. I further duties, and I am familiar w

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Roy Brace

## State of New York **Department of State**

I hereby certify, that DEBT MANAGEMENT HOLDINGS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/18/2015, and that the 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 12th day of November two thousand and fifteen.

Continy Sicidina

Executive Deputy Secretary of State