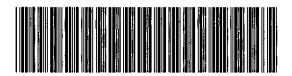
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	(Requestor's Name)							
	(Address)							
	(Address)							
	(City/State/Zip/Phone #)							
	PICK-UP WAIT MAIL							
	(Business Entity Name)							
(Document Number)								
Certifie	≘d Copies Certificates of Status							
Spec	c al Instructions to Filing Officer:							
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FORETARY OF STATE
OF A HASSEE, ELORIDA

JAN 29 2016

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COVER LETTER

Registration Section

Div	ision of Corporatio	ns						
SUBJECT:	SUPERIOR CAPIT							
	Name of Limited Liability Company							
TI e enclosed E: istence, ar	f "Application by Fo	reign Limited Liability Comed to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liabilit	ansact Business in Florida, y company to transact bus	" Certificate of iness in Florida		
PI ase return	all correspondence	concerning this matter to the	following:					
	ALEC MILLE	R						
		N	ame of Person			-		
	SUPERIOR C.	APITAL LLC						
	Firm/Company							
	2957 NOSTRAND AVENUE							
	Address							
	BROOKLYN	NY 11229						
		City/S	tate and Zip Code			-		
	ALEC@SUPER	IORDEBTRECOVERY.CO	M					
		E-mail address: (to be use	d for future annua	report not	ification)	-		
Fo: further in	formation concerning	g this matter, please call:						
ALEC MILLER		305 at (791-50	53	•			
	Name o	of Contact Person	Area Code	Day	time Telephone Number	-		
Divi Reg P.O.	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				
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co			

A PLICATION 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 CC MPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **SUPERIOR CAPITAL LLC** (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If same unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Lia sility Company," "L.L.C," or "LLC.") 2. NEW YORK (, urisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2957 NOSTRAND AVENUE, BROOKLYN NY 11229 (Street Address of Principal Office) 2957 NOSTRAND AVENUE, BROOKLYN NY 11229 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ALEC MILLER Name: 4101 PINETREE DRIVE, SUITE 702 Office Address: __ , Florida ______ MIAMI BEACH Registered agent's acceptance: He ving been named as registered agent and to accept service of process for the above stated corporation at the place designated in thi: 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: A'LEC MILLER, MANAGING MEMBER 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 he translator must be submitted) 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.

Typed or printed name of signee

ALEC MILLER

State of New York Department of State } ss:

I hereby certify, that SUPERIOR CAPITAL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/08/2014, 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 13th day of January two thousand and sixteen.

Executive Deputy Secretary of State