

M17000010111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

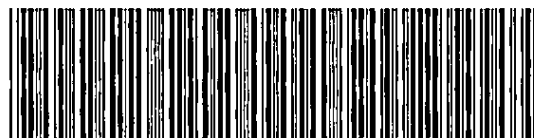
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/14/17--01038--009 **160.00

2017 NOV 13 PM 11:43

FILED
17 NOV 30 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BF
12/1/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2017

DANIEL BIENKO
154 TUDOR BLVD
BUFFALO, NY 14220 US

SUBJECT: ALLEGIANT CAPITAL RECOVERY SERVICES LLC
Ref. Number: W17000091218

We have received your document for ALLEGIANT CAPITAL RECOVERY SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 117A00023179

2017 NOV 30 AM 13:55
RECEIVED



ALLEGiant CAPITAL RECOVERY

*154 Tudor Blvd.
Buffalo, NY 14220*

<http://www.allegiantcapitalrecovery.com>

November 8th, 2017

To whom it may concern,

Attached is my request for foreign limited liability filing with the Florida division of corporations. Enclosed is a check for payment of \$160.00 to include filing fee, Certificate of Status, and Certified Copy. Additionally, I have enclosed a copy of Good standing and initial filing with the NYSDOS showing my entity exists. Please provide these copies to the above listed address on this company letterhead. Thank you in advance.

Sincerely,
Daniel Bienko III
Allegiant Capital Recovery Services, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allegiant Capital Recovery Services 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:

Daniel Bienko

Name of Person

Allegiant Capital Recovery Services LLC

Firm/Company

154 Tudor Blvd.

Address

Buffalo, NY 14220

City/State and Zip Code

danielbienko@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Bienko

716

867-5111

at ()

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. Allegiant Capital Recovery Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
2. NYS
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-4303687
(FBI 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. 154 Tudor Blvd.
(Street Address of Principal Office)
Buffalo, NY 14220
6. 154 Tudor Blvd.
(Mailing Address)
Buffalo, NY 14220

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

Name: URS Agents LLC
Office Address: 3458 Lakeshore Dr.
Tallahassee, Florida 32312
(City) (Zip code)

Registered agent's acceptance:

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 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.

By: Amy Purdy Amy Purdy, Assistant Secretary
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
President	Daniel Bienko III 154 Tudor Blvd. Buffalo, NY 14220		

(Use attachments if necessary)

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)

10. 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.

Daniel Bienko III
Signature of an authorized person

Daniel Bienko III
Typed or printed name of signer

FILED
17 NOV 30 AM 10:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

State of New York
Department of State } ss:

I hereby certify, that ALLEGIANT CAPITAL RECOVERY SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/02/2016, 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 25th day of October two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", with a long horizontal flourish extending to the right.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*