

- 0007
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enterprise Recovery, 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:

Ginte Vaskys
Name of Person
Enterprise Recovery, LLC
Firm/Company
301 Lacey Street
Address
West Chester, PA 19382
City/State and Zip Code
gvaskys@bvlcompanies.com
E-mail address: (to be used for future annual report notification)

FILED
2018 JAN 16 A 11:54
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ginte Vaskys 610 840-8141
Name of Contact Person at 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. Enterprise Recovery, 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. Pennsylvania 3. 81-3800782
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. NA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 301 Lacey Street 6. PO Box 1310
(Street Address of Principal Office) (Mailing Address)
West Chester, PA 19382 Malvern, PA 19355

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

Name: Registered Agent Solutions, Inc

Office Address: 155 Office Plaza Dr, Suite A
Tallahassee, Florida 32301
(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 and 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.

 Adam Saldaña, Asst. Secretary
(Registered agent's signature)

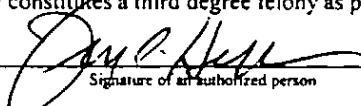
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President/ CEO</u>	<u>Jeffrey P Heft</u> <u>301 Lacey Street</u> <u>West Chester, PA 19382</u>	<u>Sr VP Operations</u>	<u>Raymond W Stein</u> <u>301 Lacey Street</u> <u>West Chester, PA 19382</u>
<u>VP Operations</u>	<u>Karen E Sliwinski</u> <u>301 Lacey Street</u> <u>West Chester, PA 19382</u>	<u>VP Business Develop</u>	<u>Ryan M Howard</u> <u>301 Lacey Street</u> <u>West Chester, PA 19382</u>

(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.


Signature of an authorized person

Jeffrey P Heft
Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

01/11/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Enterprise Recovery, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

2018 JAN 16 A 11:54
TALLAHASSEE
SECRETARY OF THE COMMONWEALTH
FLORIDA

FILED

Certification Number: TSC180111110880-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>