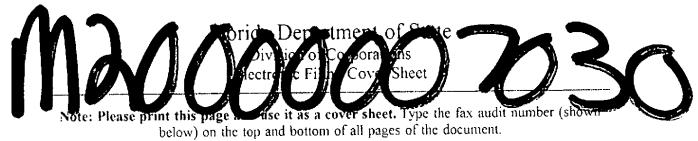
Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Collectors Xchange, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 605,002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED HABILITY IN PANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
•	Collectors Xchange, LLC
٠.	(Name of Foreign Limited Etability Company; must include "Limited Liability Company," "L.L.C.," or "TLC.")

If name mayarlable, enter alternate name adopted for the purpose of transacting business in	rionas inc	shertiste name must member Emmed Listolity Company. Co. Co.
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3.	(Elst number, if applicable)
(Date lirst transacted business in Florida, if prior t (See sections 605,0901 & 605,0905, F.S. to determ	o registratio	n) · habday)
20 North Plains Industrial Road, Unit 11 5. Street Audress of Principal Office)		20 North Plains Industrial Road, Unit 11
Wallingford, CT 06492		Wallingford, CT 06492

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

	C T Corporation System			2020	
Name:			<u> </u>		: ;
	1200 South Pine Island Road		3	œ.	- T. W.
Office Address:	1200 South Fine Island Road		č	سد زب	Ţ
Office riddress.			Ç,	0,5	
	Plantation	33324		IJ	1, 4, 4,
		, Florida	<u></u>	Ç.	ا . سا
	(City)	(Zip code)	'		
			3		

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.

	C T Corporation System	
By:	/s/ Lauren Kreatz, Vice President	
	(Registered agent's viginature)	

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8.	For initial indexing purposes.	, list names, title of	capacity and ad	dresses of the p	srimary members	/managers or perso	ns authorized to
ma	nage [up to six (6) total]:						

Title or Capacity;	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	Manager	Name: Michael Yager
■ Member	Address: 261 Royal Oak Circle	™ Member	Address: 16946 N Decrereck
□Authorized	Meriden, CT 06450	☐ Authorized	Effingham, IL 62401
Person		Person	
□Other	⊡ Other	☐ Other	□Other
□Manager	Name: Chandler Briscoe	⊡Manager	Name:
☑Member	Address: 38 Lazy Morning Pl.	□Member	Address:
□Authorized	The Woodlands, TX 77381	Authorized	
Person		Person	
□ Other		Other	□ Other □
□Manager	Name:	□Manager	Name:
□Member	Address:	⊡Member	Address:
□Authorized		□ Authorized	
Person		Person	
□Other	□ Other	⊡Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 5.817.155, F.S.

Joseph Robert Amaintea	
	Signature of an authorized person
Joseph Robert Amantea	
	Typed or printed name of ciuses

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COLLECTORS XCHANGE, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203456983

Date: 08-12-20