

M22000013362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

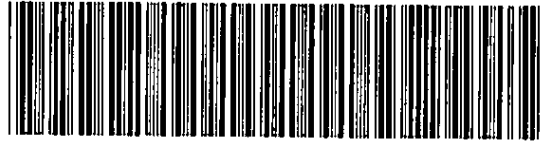
(Business Entity Name)

(Document Number)

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2022 AUG 23 AM 10:06  
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AUG 26 2022

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Debt Direct Portfolio Management 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:

Grissel Henriquez

Name of Person

Debt Direct Portfolio Management LLC

Firm/Company

1800 Elmwood Ave

Address

Buffalo NY 14207

City/State and Zip Code

sgoins@centurytel.net

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

For further information concerning this matter, please call:

Terri Goins

253

851-3531

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$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

2022 AUG 23 AM 10:06  
CLERK OF STATE  
TALLAHASSEE, FL 32303

FILED

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. Debt Direct Portfolio Management 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. New York 3. 45-2408733  
(Jurisdiction or under the law of which foreign limited liability company is organized) (FEI 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. 1800 Elmwood Ave 6. 1800 Elmwood Ave  
(Street Address of Principal Office) (Mailing Address)

Buffalo NY 14207 Buffalo NY 14207

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

Name: Corporate Creations Network Inc

Office Address: 801 US Highway 1

North Palm Beach 33408  
(City) Florida (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.

Ashley Perkins

Ashley Perkins, Special Secretary

(Registered agent's signature)

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SECRETARY OF STATE  
OF FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Jimmy Chebat	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1800 Elmwood Ave	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Buffalo NY 14207	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

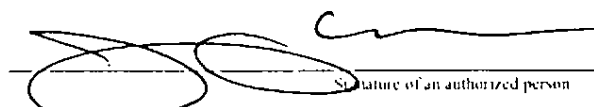
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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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 s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

Jimmy Chebat

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: DEBT DIRECT PORTFOLIO MANAGEMENT, LLC  
DOS ID Number: 4097104  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 05/20/2011  
Statement Status: CURRENT  
Statement Due Date: 05/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION  
Date of Filing: 05/20/2011  
Entity Name: CHEBAT PORTFOLIO MANAGEMENT, LLC

Document Type: CERTIFICATE OF PUBLICATION  
Date of Filing: 08/18/2011

Document Type: BIENNIAL STATEMENT  
Date of Filing: 05/15/2013  
Effective Date: 05/01/2013

**Document Type:** BIENNIAL STATEMENT

**Date of Filing:** 12/28/2015

**Effective Date:** 05/01/2015

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**Document Type:** CERTIFICATE OF AMENDMENT

**Date of Filing:** 04/08/2019

**Name Changed To:** DEBT DIRECT PORTFOLIO MANAGEMENT, LLC

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**Document Type:** BIENNIAL STATEMENT

**Date of Filing:** 04/24/2019

**Effective Date:** 05/01/2017

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**Document Type:** BIENNIAL STATEMENT

**Date of Filing:** 08/05/2019

**Effective Date:** 05/01/2019

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**Document Type:** BIENNIAL STATEMENT

**Date of Filing:** 05/04/2021

**Effective Date:** 05/01/2021

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on August 03, 2022 at  
02:22 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State