

Filing Fee: \$150.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Crescent Recovery, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Louisiana

4. The date of its organization is June 26, 2003

5. The period of duration of the limited liability company is (if perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

222 Jefferson Boulevard Warwick, RI 02888  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is National Corporate Research, Ltd.  
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

510 Independence Parkway, Suite 300  
Chesapeake, VA 23320

9. The mailing address for the limited liability company is:

PO Box 1097  
Chesapeake, VA 23327

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JUN 27 2008  
By 062049  
9:30

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed  by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed  by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 4/25/08

**Crescent Recovery, LLC**

Print Exact Name of Limited Liability Company Making Application

By DeLma Ambrose DeLma Ambrose, Member  
Signature of authorized person

United States of America  
State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

**CRESCENT RECOVERY, L.L.C.**

A limited liability company domiciled in NEW ORLEANS,  
LOUISIANA,

Filed charter and qualified to do business in this State on  
June 26, 2003,

I further certify that the records of this Office indicate  
the company has paid all fees due the Secretary of State,  
and so far as the Office of the Secretary of State is  
concerned, is in good standing and is authorized to do  
business in this State.

I further certify that this certificate is not intended to  
reflect the financial condition of this company since this  
information is not available from the records of this  
Office.

In testimony whereof, I have hereunto set  
My hand and caused the Seal of my Office  
To be affixed at the City of Baton Rouge on,

June 26, 2008

Secretary of State  
35507925K



**Certificate ID:** 20080626003907

To validate this certificate, visit the following web site,  
go to **Commercial Division, Validate Certificate**, then  
follow the instructions displayed.

[www.sos.louisiana.gov](http://www.sos.louisiana.gov)