

State of Idaho

Office of the Secretary of State

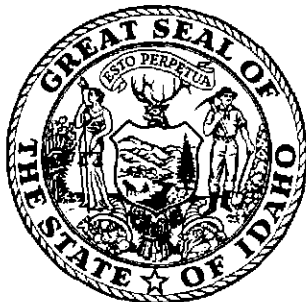
**CERTIFICATE OF REGISTRATION
OF
ATLANTIC RECOVERY SOLUTIONS, LLC**

File Number W 155925

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: September 4, 2015



Lawrence Denney
SECRETARY OF STATE
By *Quinn Gustafson*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2015 SEP -4 AM 9: 22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Atlantic Recovery Solutions, LLC

2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:
 Business Corporation General Partnership
 Nonprofit Corporation General Cooperative Association
 Limited Liability Partnership Limited Partnership (Including a limited liability limited partnership)
 Limited Liability Company Statutory Trust, Business Trust, or Common-law Business Trust
 Other: _____
(Provide unlisted foreign entity type here)

4. Jurisdiction of formation: New York State
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
275 Northpointe Pkwy STE 60 Amherst NY 14228
(Street Address) (City) (State) (Zipcode)
(Mailing Address, if different) (City) (State) (Zipcode)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address) (City) (State) (Zipcode)
(Mailing Address, if different) (City) (State) (Zipcode)

7. The address to which correspondence should be addressed, if different from item 5, is:

(Address) (City) (State) (Zipcode)

8. Name and street address of registered agent in Idaho:
REGISTERED AGENTS INC 1900 Northwest Blvd., STE 106A, Coeur d'Alene, ID 83814
(Name) (Address) (City) (State) (Zipcode)

9. The name, capacity, and mailing address of at least one governor:
Zachariah Aga- President 275 Northpointe Pkwy STE 60 Amherst NY 14228
(Name and capacity) (Address) (City) (State) (Zipcode)
Neno Nastevski- Vice President 275 Northpointe Pkwy STE 60 Amherst NY 14228
(Name and capacity) (Address) (City) (State) (Zipcode)
Sarene Aga 275 Northpointe Pkwy STE 60 Amherst NY 14228
(Name and capacity) (Address) (City) (State) (Zipcode)

Typed Name: Zachariah Aga
Signature: *Zacharya*
Capacity: President

IDAHO SECRETARY OF STATE
09/04/2015 05:00
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W155925

State of New York
Department of State } **ss:**

I hereby certify, that ATLANTIC RECOVERY SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/20/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of ATLANTIC RECOVERY SOLUTIONS, LLC was filed on 02/21/2013.

A Biennial Statement was filed 12/09/2014.

I further certify, that no other documents have been filed by such Limited Liability Company.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 20th day of August two
thousand and fifteen.*



Executive Deputy Secretary of State