F04000006246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. BRYAN NOV - 2 2004

Cornerstone Support, Inc.

Licensing
Renewals
Software
Bonding

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TALLAHASSEE, FLORIDA

Florida Secretary of State
Secretary of State
409 East Gaines St.
Tallahassee, FL 32399

Tuesday, October 26, 2004

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for ACB Receivables Management, Inc. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions please feel free to call me at 770-587-4595.

Please mail any correspondence to:
Cornerstone Support, Inc.
Attn: Lisa Edwards
16 Norcross St.
Suite 101
Roswell, GA 30075

Sincerely,

Lisa Edwards

Lisa Edwards
Licensing Specialist
Cornerstone Support, Inc.

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACB Receivables Management, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Edwards
(Name of Person)

Cornerstone Support, Inc.
(Firm/Company)

16 Norcross St. Suite 101
(Address)

Roswell, GA 30075
(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Edwards at ( ) 770-587-4595
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☒ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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1. ACB Receivables Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey (State or country under the law of which it is incorporated)
3. 22-1913073 (FEI number, if applicable)

4. 8/11/48 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19 Main St. Asbury Park NJ 07712
(Principal office address)

(Current mailing address)

8. Debt Collection
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation 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.

Jacqueline N. Casper
(Registered agent's signature)
Jacqueline N Casper, Assistant Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Michael S Levitt

Address: 19 Main St.
Asbury Park 07712

Director: Eugene Kashper

Address: 19 Main St
Asbury Park NJ 07712

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B. OFFICERS

President: _____

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Fred L Landrum
(Signature of Director or Officer listed in number 12 of the application)

14. Fred L. Landrum, President 10/1/04
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ACB RECEIVABLES MANAGEMENT, INC.
3300901000
With the Previous or Alternate Name
ACCOUNTS RECEIVABLE MANAGEMENT (Alternate Name)
ARM (Alternate Name)
MDHB (Alternate Name)
ACB (Alternate Name)
AFFILIATED COLLECTION BUREAU (Alternate Name)
MEDICAL DENTAL HOSPITAL BUREAU (Alternate Name)
MEDICAL DENTAL HOSPITAL BUREAU (Alternate Name)
AFFILIATED COLIECTION BUREAU (Alternate Name)
THE CREDIT BUREAU OF MONMOUTH AND OCEAN COUNTIES, INC. (Previous Name)
MONMOUTH OCEAN COLLECTION SERVICE, INC,. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 11, 1948.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACB RECEIVABLES MANAGEMENT, INC.

1999
2000
2001
2002

I further certify that the registered agent and registered office are:

Steven S Levitt
19 Main Street
Asbury Park, NJ 07712 0000

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of October, 2004

John E McCormac, CPA
State Treasurer