

M0300000/563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

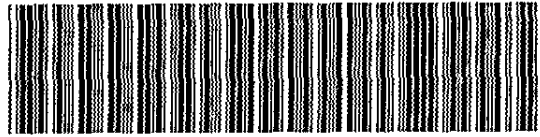
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 MAY 13 AM 10:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAY 15 2003



Cornerstone Support, Inc.

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

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TALLAHASSEE, FLORIDA

Friday, May 09, 2003

Dear Florida Secretary of State,

Account Management Services, LLC is applying for a certificate of authority in order to do business within your state. They have hired us, Cornerstone Support, Inc., to help them with the process.

Please find enclosed a Certificate of Authority application with the required attachments and fees.

If you have any problems or questions please contact: Deena Yeager at 770-587-4595.

Mail any correspondence to:
Deena Yeager
Cornerstone Support, Inc.
16 Norcross Street
Suite 101
Roswell, GA 30075

Sincerely,

Deena Yeager
Project Manager
Cornerstone Support, Inc.

www.cornerstone-support.com

16 Norcross Street
Suite 101
Roswell, Georgia 30075
770.587.4595
Fax 770 587 2440

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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- 1. Account Management Services, LLC
(Name of foreign limited liability company)
- 2. DE
(Jurisdiction under the law of which foreign limited liability company is organized)
- 3. 16-1596772
(FEI number, if applicable)
- 4. 12/8/00
(Date of Organization)
- 5. Perpetual
(Duration: Year limited liability company will exist or "perpetual")
- 6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
- 7. 65 Great Arrow Drive
Buffalo NY 14216
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

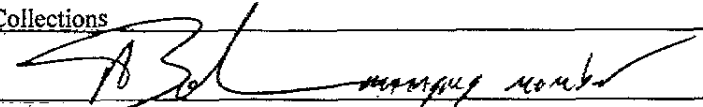
9. The name and usual business addresses of the managing members or managers are as follows:

See attached List

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Debt Collections



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Bohn

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT & REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Account Management Services, LLC

2. The name and the Florida street address of the registered agent and office are:

LexisNexis Document Solutions Inc.

(Name)

3953 W.W. Kelley Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32311

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S

Kyrna Webb, Asst. Secretary
(Signature)

\$100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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Account Management Services. LLC

List of Members

Mark F. Bohn
65 Great Arrow Drive

Buffalo NY 14216
716-447-8000

Robert Van DeMark
65 Great Arrow Drive

Buffalo NY 14216
716-447-8000

Douglas J. MacKinnon
65 Great Arrow Drive

Buffalo NY 14216

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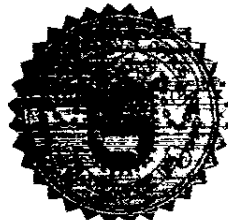
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCOUNT MANAGEMENT SERVICES, L.L.C." 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 FIRST DAY OF MAY, A.D. 2003.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2395601

3327097 8300

030259653

DATE: 05-01-03