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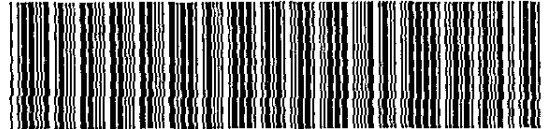
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Cornerstone Support, Inc.

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

Wednesday, April 13, 2005

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for AmeriQuest Recovery Services, LLC 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
Licensing Specialist
Cornerstone Support, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. AmeriQuest Recovery Services, LLC
(Name of foreign limited liability company)

2. Montana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0528530
(FEI number, if applicable)

4. 10/4/1999
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Approval
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 126 North Meridian Road
Kalispell MT 59901
(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:

Edward Gene Reiner 126 North Meridan Road Kalispell MT 59901

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

Bob B. Peterson

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.)

BOB B Peterson

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

AmeriQuest Recovery Services, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee, FL 32301

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.

Georgia Byron
(Signature)

Georgia Byron, Assistant Vice President

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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SECRETARY OF STATE
STATE OF MONTANA
CERTIFICATE OF EXISTENCE

I, **BRAD JOHNSON**, Secretary of State of the State of Montana, do hereby certify that

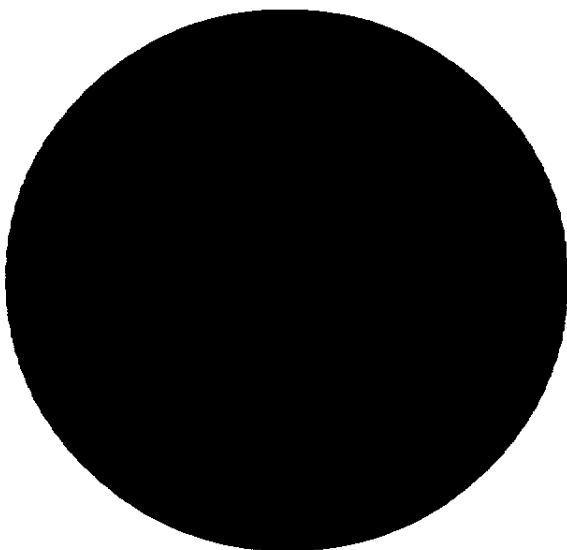
AMERIQUEST RECOVERY SERVICES, LLC

duly filed its Articles of Incorporation in this office on **10/04/1999**, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, a Helena, the Capital, this **March 30, 2005**.

Brad Johnson

BRAD JOHNSON
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FL

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