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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

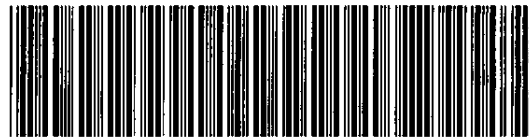
Special Instructions to Filing Officer:

A. LUNT

OCT 28 2010

EXAMINER

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2010 OCT 27 PM 4:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Florida Division of Corporations
New Filing Section/Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

October 22, 2010

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for AIS Recovery Solutions, LLC. The check for filing fee includes the \$30.00 Certified Copy Fee. Please note I have included a stamped self addressed envelope for return proof of filing for your convenience. 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: Janet Teague
11111 Houze Rd, Suite 200
Roswell, GA 30076

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Sincerely,

A handwritten signature in cursive script that reads "Janet Teague".

Janet Teague
Licensing Specialist
Cornerstone Support, Inc.

11111 Houze Road

Suite 200

Roswell, Georgia 30076

770.587.4595

Fax 770.587.2440

www.cornerstonesupport.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIS Recovery Solutions, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Janet Teague
(Name of Person)

Cornerstone Support, Inc.
(Firm/Company)

11111 Houze Road, Suite 200
(Address)

Roswell, GA 30076
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 27 PM 4:07

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For further information concerning this matter, please call:

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

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

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. AIS Recovery Solutions, LLC
(Name of Foreign Limited Liability Company)
2. TX
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 273250874
(FEI number, if applicable)
4. 08/16/2010
(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, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4515 N Santa Fe Avenue,
Oklahoma City, OK 73118
(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:
Blake Hogan - MGR - 5847 San Felipe Street, Suite 1200, Houston, TX 77057
Dan Hogan III - MGR - 4515 N Santa Fe Avenue, Oklahoma City, OK 73118
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 of 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.)
DAN HOGAN III

Typed or printed name of signee

2010 OCT 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:

AIS Recovery Solutions, LLC

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

Corporation Service Company	FILED 2018 OCT 27 PM 4:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(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, Florida Statutes.

Lynn Cannelongo
(Signature)

Lynn Cannelongo, Assistant VP

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

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AIS Recovery Solutions, LLC (file number 801306730), a Domestic Limited Liability Company (LLC), was filed in this office on August 16, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 18, 2010.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State