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CLERK OF COURT
TALLAHASSEE, FLORIDA



Cornerstone Support, Inc.

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

Tuesday, June 08, 2004

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for Cardholder Management 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: Cristy Hall
16 Norcross St.
Suite 101
Roswell, GA 30075

Sincerely,

Cristy Hall
Licensing Specialist
Cornerstone Support, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:

1. Cardholder Management Services LLC
(Name of foreign limited liability company)
2. DE 3. 11-3496340
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 7/1/99 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 101 Crossways Park West
Woodbury NY 11797
(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

Bruce M. Williams
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.)

BRUCE M WILLIAMS

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cardholder Management Services LLC
LIST OF OFFICERS / MANAGERS

PRESIDENT / Manager

Donald Martin Berman
101 Crossways Park West
Woodbury NY 11797

SENIOR VICE PRESIDENT / Manager

Bruce M. Williams
101 Crossways Park West
Woodbury NY 11797

VICE PRESIDENT / Manager

David Bradford Watson
101 Crossways Park West
Woodbury NY 11797

TREASURER / Manager

Albert Thomas Jaroneczyk
101 Crossways Park West
Woodbury NY 11797

SECRETARY / Manager

Vincent John Caruso
101 Crossways Park West
Woodbury NY 11797

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TALLAHASSEE, FLORIDA

Cardholder Management Services LLC
LIST OF OWNER(s) / MANAGING MEMBER(s)

CardWorks, Inc.

101 Crossways Park West
Woodbury NY 11797

100%

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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:

Cardholder Management 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

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TALLAHASSEE, FLORIDA

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

Allison Quigley
(Signature)

Allison Quigley, Asst. Vice-President

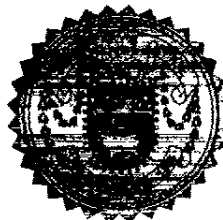
\$100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDHOLDER MANAGEMENT SERVICES LLC" 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 SECOND DAY OF JUNE, A.D. 2004.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3148062

DATE: 06-02-04

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