Fologood 3302

	cation/Tax Lien Section on of Corporations	ā.
	-	
SUBJECT:	S&A Services of Watertown, Ltd.	
	(Name of corporation - must incli	ude suffix)
Dear Sir or Mac	dam:	
The enclosed "A" "Certificate of transact business	Application by Foreign Corporation for Authorization Existence", and check are submitted to register the abss in Florida.	n to Transact Business in Florida", ove referenced foreign corporation to
Please return al	l correspondence concerning this matter to the follow	ing:
	Kathryn Freeman	
	(Name of Person)	
	Cornerstone Collection Support	rt. Inc.
	(Firm/Company)	
	16 Norcross St. Suite 101	
	(Address)	0000044257806
	Roswell, GA 30075	0000044257806 -06/19/0101004002
	(City/State/Zip)	*****70,00 *****70.00
Kathry	d to call someone concerning this matter, please call:	
	Collection Support, Inc. at (770) 587-4595	
(Name	of Person) (Area Code & Dayt	ime Telephone Number)
		2001 . DIV:510 TALL

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 2001 JUN 19 AM 10: 57 DIVISION OF CORPORATION:

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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.

J. S&A Servi	ces of Watertown, Ltd., INC.									
(Name of corp	oration; must include the word "I	NCORPORA	TED". "C	OMPANY", "CORP	ORATIO	N" or				
words or abbre	viations of like import in language	e as will clear	ly indicat	e that it is a corporati	ion instead	dofa				
natural person	or partnership if not so contained	in the name a	t present.							
•	1		· F ,							
-2 NY				11 2507154						
"2. — NI	y under the law of which it is inco	. N	3	11-3597154	• 0 1•	11 \				
(State or countr	y under the law of which it is inco	rporated)		(FEI number	t, if applic	able)				
T+	5/01	_ 5	P	erpetual ear corp. will cease						
(Da	te of incorporation)	(D	uration: Y	Tear corp. will cease	to exist or	r "perpetual")				
	Upon Approval									
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)										
7	PO Box 410									
Danvers, MA 01923										
· (Current mailing address)										
•										
8. Bill Collection	e				_			-		
	(s) of corporation authorized in he	me state or c	ountry to	he carried out in state	e of Florid	1a)				
((-)				• • • • • • • • • • • • • • • • • • • •	/				
9. Name and str	eet address of Florida registe	red agent:	(P.O. Bo	x or Mail Drop Box	k <u>NOT</u> ac	ceptable)				
37	LEXIS Document Services Inc.					200 TA		-=		
Name:	EEAIB Document Services Inc.		 -			Eş =		# # # -		
Office Address:	3953 W.W. Kelley Rd.					NOT SE	7	•		
Ollico / Idai cos.					•	19 853 ASS	_			
	Tallahassee		. Fl	orida, <u>32311</u>		EF.	Ш			
				(Zip code)	_	AM IO: 5				
						.eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee				
10. Registered a	gent's acceptance:									
						S				
Having been name	ed as registered agent and to acce	pt service of	process f	or the above stated c	orporation	n at the place	designa	ıte d		
in this application	, I hereby accept the appointmen	t as registere	d agent a	nd agree to act in th	is capacity	y. I further ag	ree to	• .*		
comply with the pi	ovisions of all statutes relative to igations of my position as register	the proper (ina compi	ete perjormance of n	ny dunes,	and I am jam	uliar wi	th		
una accept the out	sauchs of my position as register	ea agent	1 .	()						
May Volarola, Sost Secretary										
(Registered agent's signature)										

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Suzanne E. Schreiber Chairman: 167 Polk Street Address: Watertown, NY 13601 Vice Chairman: Address: ___ - Director: Address: Director: _ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Suzanne E. Schreiber 167 Polk Street Address: Watertown, NY 13601 Vice President: ____ Address: Suzanne E. Schreiber Secretary: __ same as President Address: Treasurer: Suzanne E. Schreiber Address: _ same as President NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Suzanne E. Schreiber President

(Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of S&A SERVICES OF WATERTOWN, LTD. was filed on 04/05/2001, under the name of S&A RECEIVABLES MANAGEMENT OF WATERTOWN, LTD., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment S&A RECEIVABLES MANAGEMENT OF WATERTOWN, LTD., changing its name to S&A SERVICES OF WATERTOWN, LTD., was filed 04/13/2001.

Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of June two thousand and one.

Special Deputy Secretary of State

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