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(Re	questor's Name)	
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DIVISE A OF STATE OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Asset Management Outs	sourcing Services, Inc.	
	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to regist	
Please return all correspondence concerning this matt	ter to the following:	
Kathy Hronek		
Name o	of Person	
AMO Recoveries		<u></u>
Firm/Co	ompany	,
6737 W. Washington St., Suite 31	18	
Ado	dress	
West Allis, WI 53214		
City/State	e and Zip code	
kathy.hronek@amorecoveries.com		
E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, please	e call:	SECRLTAP DIVISION OF C 12 MAR 19
Kathy Hronek at (800	յ 759-9121, x3151	
	a Code & Daytime Telephone Number	2
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STATE ORATIONS 2: 03
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	1 1 · · · · · · · · · · · · · · · · · ·	Filing Fee, te of Status & I Copy

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.

Georgia		me adopted for the purpose of transacting business	in Florida)
		_{3.} <u>27-2932336</u>	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
6/28/10		5. perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "p	erpetual")
. <u>n/a</u>			
		s in Florida, if prior to registration) '.1502, F.S., to determine penalty liability)	
EGEE Dogo		• • • • • • • • • • • • • • • • • • • •	
3000 Feat	htree Parkway, Suite 213 No (Principal office a		
5655 Page	chtree Parkway, Suite 213	ŕ	
<u>5055 i Gal</u>	(Current mailing a		
	•		
. any	lawful business	country to be carried out in state of Florida)	12
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)	2 MAR 19
. Name and stre	et address of Florida registered agent: (F	2.O. Box <u>NOT</u> acceptable)	19
	NRAI Services, Inc.		PM
Name:			.; ∡
Name:			: 03
Name: Office Address:	515 East Park Ave.		
	515 East Park Ave. Tallahassee	, Florida 32301 (Zip code)	ယ

(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 business addresses of officers and/or directors: SEURL TARY OF STATE DIVISICAL OF CORPURATIONS A. DIRECTORS 12 MAR 19 PM 2: 03 Chairman: Sravan Vellanki Address: 5655 Peachtree Parkway, Suite 213 Norcross, GA 30092 Vice Chairman: Director: Sarat Vemuri Address: 5655 Peachtree Parkway, Suite 213 Norcross, GA 30092 Director: Scott J. Tsanos Address: 5655 Peachtree Parkway, Suite 213 Norcross, GA 30092 **B. OFFICERS** President: Sarat Vemuri Address: 5655 Peachtree Parkway, Suite 213 Norcross, GA 30092 Vice President: Secretary: Scott J. Tsanos Address: 5655 Peachtree Parkway, Suite 213 Norcross, GA 30092

Treasurer: Scott J. Tsanos Address: 5655 Peachtree Parkway, Suite 213 Norcross, GA 30092 **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer third degree felony as provided for in s.817.155, F.S. (Typed or printed name and capacity of person signing application)

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a

Control No. 10046486

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

ASSET MANAGEMENT OUTSOURCING SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 06/28/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 28th day of February, 2012

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 8278780-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp