

Division of Corporations

F14000000974Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

(((H14000045132 3)))



H140000451323ABCU

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Credit Management Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	086
Estimated Charge	\$870.00

RE-SUBMIT

Electronic Filing Menu

Corporate Filing Menu

Please retain original
date of submission 2/24FILED
14 FEB 24 AM 11:34
TALLAHASSEE FLORIDA
SECRETARY OF STATE

248-6804

Attn: Joey Bryan

Thank You!

3/5/2014 10:25:46 From: To: 8502456804

(2/6)

850-617-6381

2/28/2014 3:25:11 PM PAGE 1/001 Fax Server



February 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

FILED
14 FEB 24 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: CREDIT MANAGEMENT SOLUTIONS, INC.
REF: W14000013331

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Joey Bryan
Regulatory Specialist II Supervisor

FAX Aud. #: H14000045132
Letter Number: 814A00004526

RE-SUBMIT

Please retain original filing
date of submission 2/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CREDIT MANAGEMENT SOLUTIONS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Charles F. Riordan

Name of Person

CREDIT MANAGEMENT SOLUTIONS, INC.

Firm/Company

7142 Columbia Gateway Dr., Suite 100

Address

Columbia, Maryland 21046

City/State and Zip code

chfpr@cmsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles F. Riordan

at (410) 953-8415

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
MAR 24 AM 11:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

1. CREDIT MANAGEMENT SOLUTIONS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ins.," "Co.," or "Corp.,")

CMSI Group Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 05/28/2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 02/20/2012

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7142 Columbia Gateway Dr., Suite 100, Columbia, Maryland 21046

(Principal office address)

Same as above

(Current mailing address)

8. For all lawful purposes.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: _____

(Registered Agent's signature)

Judith Argao
Vice President
and Assistant Secretary

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.

FILED
14 MAR 24 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

XXXXXX John J. McDonnell, Jr.

Chairman:

Address: 7142 Columbia Gateway, Dr., Suite 100
Columbia, MD 21046

XXXXXX James R. DeFrancesco

Vice Chairman:

Address: 7142 Columbia Gateway, Dr., Suite 100
Columbia, MD 21046

Director: Charles F. Riordan

Address: 7142 Columbia Gateway, Dr., Suite 100
Columbia, MD 21046

Director:

Address:

B. OFFICERS

President: Charles F. Riordan

Address: 7142 Columbia Gateway Drive, Suite 100
Columbia, MD 21046

Vice President:

Address:

Secretary: Miles Grody

Address: 6640 Eli Whitney Drive, Suite 200 Columbia, MD 21046

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Signature of Director or Officer

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 third degree felony as provided for in s.817.155, F.S.

14.

Charles F. Riordan President & CEO

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

FILED
MAR 11 2014
AM 11:35
DEPT. OF STATE
TALLAHASSEE, FL

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREDIT MANAGEMENT SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4553523 8300

140200405

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1145298

DATE: 02-19-14