# FOOD OUT Only OOD OUT 5/

C T CORPORATION SYSTEM				
Requestor's Name 660 East Jefferson Stre	eet , .			-
Address Tallahassee, FL 32301	(850)222-1092			
City State Zip	Phone	10	:00002957 008/12/99	1044017
CORPORAT	ION(S) NAME		*****70.00 	*****70.80 ——
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			to the second second	
TSY	5 Total Nebt 1	Management	In.	
		) 		7/1/17
() NonProfit	() Amendm	nent	99 AUG 1	1
() Limited Liability Compa  **PForeign**	eny () Dissoluti	on/Withdrawal	() Mark	<del>- [</del>
() Limited Partnership () Reinstatement	() Annual F () Reserva		() Other () Charge of	R.A. Name
() Limited Liability Part () Certified Copy	() Photo C	opies	() CUS	
() Call When Ready  Walk In () Mail Out	( ) Call if Pi ( ) Will Wai		() After 4:30 Pick Up	
Name Availability Document Examiner	8/12	PLEASE I	THANKS : -	y(s)
Updater			CONNIE BRYAN	 J
Acknowledgment				
W.P. Verifier	·			

CB2F031 (1-89)

## 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.	TSYS Total Debt Management, Inc.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	Georgia  3. Appl. For  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	July 27, 1999  5. Perpetual  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
6.	Upon Qualification
	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7.	6356 Corlev Road, Norcross, Georgia 30071
	(Current mailing address)  See attached purpose clause (Purpose(s) of corporation authorized in home state or country to be carried out in the state of
8.	See attached purpose clause (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent:
	Name: C T Corporation System
	Office Address: Island Road
	Plantation , Florida, 33324 (Zip Code)
Ha de fur	Registered agent acceptance:  Iving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I there agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, of I am familiar with and accept the obligation of my position as registered agent.
	C T Corporation System
	Dale Dr. morris
	(Registered agent's signature) (Officer) DALE W. MORRIS ASSISTANT VICE PRESIDENT

(Type Name and Title of Officer)

(FL - 2189 - 11/16/94)

11. deli hav	Attached is a certificate of exis livery of this application to the Deving custody of corporate records	stence duly authenticated, not more than separtment of State, by the Secretary of St is in the jurisdiction under the law of which	30 days prior tate or other tit is incorpo	to official rated.
12.	. Names and addresses of office	ers and/or directors:	<u>.</u>	-
A.	DIRECTORS			
	Chairman: <sub>See attac</sub>	ched list of directors		
	Address:		r-	
	·			
	Vice Chairman: <u>see</u> a	attached list of directors	·	
	Address:			
	Director: See attache	ed list of directors	r	
	Address:			
			99 A SEC	
	Director:		AUG I	77
	Address:		2 A SSEE	Till and the second
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B.	OFFICERS		58 RIDA	
	President: See attach	ned list of officers		
	Address:			
	, <del></del>			-
	Vice President:			
	Address:		÷ .	
	<del> </del>			

Address: \_\_\_\_\_\_

i reasurer:	The state of the s	
Address:		
NOTE: If necessary, y and/or directors.	ou may attach an addendum to the application listing additional office	rs
13. (Signature of Chairm application)	an, Vice Chairman, or any officer listed in number 12 of the	
14. <u>Douglas W. Wallace</u> (Typed or printed na	, President me and capacity of person signing application)	_

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SECRETARY OF STATE

## Application by Fgn. Corp. for Authorization to Transact Business in Florida

## Purpose Clause of TSYS Total Debt Management, Inc.

To engage in the collection of past due debt and any lawful act or activity for which corporations may be organized to do business under the laws of this State.

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SECRETARY OF STATE
SECRETARY OF STATE

#### TSYS Total Debt Management, Inc. 6356 Corley Road Norcross, Gwinnett County, Georgia 30071 770/446-9996

#### **List of Officers and Directors:**

Douglas W. Wallace Director and President Home Address: 3491 Buckhead Loop Apt. 1908 Atlanta, Georgia 30326 SSN# 414 78 1677

G. Sanders Griffith III Director and Vice President Home Address: 6288 Brookstone Blvd. Columbus, Georgia 31904 SSN# 253 90 9988

Richard T. de Mayo Director and Secretary Home Address: 968 Moores Club Place Atlanta, Georgia 30319 SSN# 256 80 0345

James B. Lipham
Director and Assistant Secretary
Home Address:
7249 Leighton Drive
Columbus, Georgia 31904
SSN# 252 80 7972

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SEPANASSEE FLORIDA

### **Secretary of State**

**Corporations Division** 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92221110 CONTROL NUMBER : K930892 DATE INC/AUTH/FILED: 07/27/1999 JURISDICTION : GEORGIA PRINT DATE : 08/10/1999

FORM NUMBER : 211

C T CORPORATION SYSTEM ATTN: INGRID ROLKE 1201 PEACHTREE ST NE STE 1240 ATLANTA, GA 30361

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that \_ .----

#### TSYS TOTAL DEBT MANAGEMENT, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was fauthorized to transact business in Georgia on the above date. 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 abovenamed 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.



Secretary of State