

June 26, 2001

Dear Secretary of State:

Florida Secretary of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

900004457059--7 -07/02/01--01132--018 \*\*\*\*125.00 \*\*\*\*125.00

Please find enclosed Focus Receivables Management, LLC's application for Certificate of Authority in your State. Per your specifications I have enclosed a recent letter of Good Standing (Certificate of Existence) and a check in the amount of \$125.00 (\$100.00 for COA application and \$25.00 fee for designation of Registered Agent).

Should you have any questions or require any further information, please do not hesitate to contact me at (678) 228.0000.

Thank you in advance for your assistance.

Sincerely,

Belinda J. Hickling

Licensing Compliance Officer

Focus Receivables Management, LLC

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receivables management

2700 Cumberland Parkway, Suite 540 Atlanta, Georgia 30339 Main # 678 • 228 • 0000 Toll Free # 1.877.FOCUS.ON

FAX # 678 • 228 • 0019 focus rm.com

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDASTATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Focus Receival					
	(Name of fore	eign limite	ed liability compa	ny)		
Georgia		3		582612494		
Georgia (Jurisdiction under the law of company is organized)	which foreign limited liab	oility	( F	EI number, if app	licable)	
02/27	//2001	5.		Perpetual		
(Date of Orga	nization)		(Duration: Year l exist or "perpetua	imited liability co l")	mpany will	cease to
	N/A	A				
(Date first tra	nsacted business m Florida	. (See sec	tions 608.501, 60	8.502, and 817.15	55, F.S.)	
2	00 Cumberland Parkway				17.5. 12.5.	0
					T CR	<u></u>
A	tlanta (Street add		GA 30339			<u> </u>
	(Street add	ress of pi	rincipal office)		SSA	-2
If limited liability compared the name and usual bus  Gregory E. Schub	anv is a manager-mans	aged cor	nnany check h	ere V	E, O	HQ G3
	ary is a manager mane	iged cor	nparry, check n	orc <u>A</u>	E's:	Ϋ́
The name and usual bus	iness addresses of the i	managin	g members or	managers are a	s follows	
			-8 <b></b>		N A COLOR	0
Gregory E. Schub	ert 2700 Cumberland Park	cway, Atla	anta, GA (Man	ager)	_	
				=		
). Attached is an orignal certific	ate of existence, no more tha	an 90 days	old, duly authent	icated by the offici	ial having cu	stody of re-
the jurisdiction under the law o	of which it is organized.(A ph	lotocopy -	is not acceptable.	If the certificate	is in a foreig	n languag
translation of the certificate u	ider oath of the translator in	uust be sub	omitted.)			
	•					
<ol> <li>Nature of business or p</li> </ol>	urposes to be conducte	ed or pro	omoted in Flori	da: Colle	ction of deb	t
	<b>1</b>	Λ				
	$\mathcal{A}$	//				•
	1/2m/and					
<u> </u>	PVV	/				
Sign	ature of almember or a	n author	rized representa	tive of a memb	er.	
(In acc	ordance with section 608.408 irmation under the penalties o	8(3), F.S., 1 of periors t	the execution of this	s document constitu	ites	
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			<del></del>		<del></del>	
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# 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:		
Focus Receivables Management, LLC		
2. The name and the Florida street address of the registered agent and office are:		-
LEXIS Document Services Inc. (Name)  3953 W.W. Kelley Road	OI JUL -2 PM SECRETARY OF TALLAHASSEE. F	- - - -
Florida street address (P.O. Box NOT ACCEPTABLE)  Tallahassee FL 32311  City/State/Zip	2: 06 STATE LORIDA	- <del>-</del>

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 Ifurther 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

Harm Stephenson, asst sery

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

## Secretary of State

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

DOCKET NUMBER : 011630815 CONTROL NUMBER : 0107796 DATE INC/AUTH/FILED: 02/14/2001 : GEORGIA JURISDICTION : 06/12/2001 PRINT DATE

: 211 FORM NUMBER

FOCUS RECEIVABLE MANAGEMENT LLC BELINDA J. HICKLING 2700 CUMBERLAND PKWY STE 540 GA 30339 ATLANTA,

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgi hereby certify under the seal of my office that.

### FOCUS RECEIVABLES MANAGEMENT, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized 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 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 entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State