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FALTERS SEE FLORIDA

July 9, 2002

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

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Dear Sirs:

Enclosed are the following:

Authorization for Foreign LLC to Transact Business in Florida

Certification of Existence

Certificate of Registered Agent and Acceptance Form

Certificate of Cancellation of LP

Check covering fees

Please contact Susie Hall @ 901-542-5300 if further information is needed. All acknowledgements should be sent to Chris Saenger at:

Revenue Assurance Professionals, LLC 2650 Thousand Oaks Blvd, Suite 4200 Memphis, TN 38118

eisi Hall

Sincerely,

Susie Hall

Enclosures:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: lame of foreign limited liability company) elaware 62-1814289 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. 2650 Thousand DAKS Blvd. Ste 4200 TN 38118
(Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 2650 Thousand DAKS Blvd., Ste 4200 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 4 Check recover Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

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:			
Revenue Assurance Professionals, 1	LLO		
2. The name and the Florida street address of the registered agent and office are:	MLLA	ี 02 ปม	
CT Corp System	575) 134 - 1367	22	
1200 So. Pine Island Rd Florida street address (P.O. Box NOT ACCEPTABLE)	FLORUDA	11 2: 34	Ü
Plantation FL 33324 (City/State/Zip)			

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. I further 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.

See attachment
(Signature)

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

ACCEPTANCE OF REGISTERED AGENT

C T CORPORATION SYSTEM acknowledges and accepts the appointment of

registered Agent for and on behalf of REVENUE ASSURANCE PROFESSIONALS LLC.

Dated:

June 27, 2002

C T CORPORATION SYSTEM

ohn J Limihan, Asst. Vice President

02 JUL 22 FII 2: 34

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REVENUE ASSURANCE PROFESSIONALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2002.



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Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1763801

DATE: 05-07-02