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(Business Entity Name)

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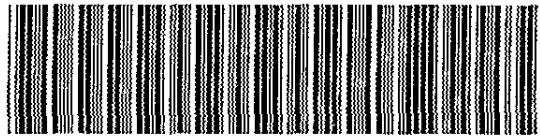
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Acknowledgement

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Cornerstone Support, Inc.

Florida Secretary of State
Secretary of State
409 East Gaines St.
Tallahassee, FL 32399

Wednesday, March 12, 2003

Dear Florida Secretary of State,

Option Card, LLC is applying for a certificate of authority in order to do business within your state. They have hired us, Cornerstone Support, Inc., to help them with the process.

Please find enclosed a Certificate of Authority application with the required attachments and fees.

If you have any problems or questions please contact: Deena Yeager at 770-587-4595

Mail any correspondence to:
Deena Yeager
Cornerstone Support, Inc.
16 Norcross Street Suite 101
Roswell, GA 30075

Sincerely,

Deena Yeager
Project Manager
Cornerstone Support, Inc.

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TALLAHASSEE, FLORIDA

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

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

1. Option Card, LLC
(Name of foreign limited liability company)
2. CO
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 74-3073803
(FEI number, if applicable)
4. 12/30/02
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 600 17th Street, Suite 800 N
Denver CO 80202
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

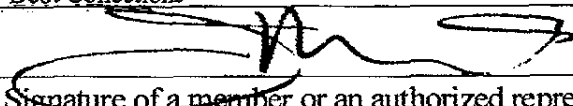
9. The name and usual business addresses of the managing members or managers are as follows:

See attached list of managers

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.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Debt Collections

 Manager
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.)

Jacques Macnol III
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Option Card, LLC
LIST OF OFFICERS

Manager

David H. Gabriel
5369 S Geneva St.
Englewood CO 80111-6211
303-488-9686
SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 02-22-48

Manager

Steve Shraiberg
9375 Riviera Hills Drive
Greenwood Villa CO 80111
303-860-1111/ 800-866-PAY DEBT
SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 01-07

Manager

Jacques A. Machol, III
28 Glenmoor Drive
Englewood CO 80110
303-781-2460
SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 12-25-1953

Manager

Alfred Blum
26 Glenmoor Drive
Englewood CO 80110
303-761-8807
SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 12-16-49

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TALLAHASSEE, FLORIDA

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:

Option Card, LLC

2. The name and the Florida street address of the registered agent and office are:

LexisNexis Document Solutions Inc.
(Name)

3953 W.W. Kelley Road
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32311
City/State/Zip

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TALLAHASSEE, FLORIDA

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 ofmy position as registered agent as provided for in Chapter 608, F. S

Keyra Webb, Asst Secretary
(Signature)

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



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,
hereby certify that, according to the records of this office,

OPTION CARD, LLC
(Colorado LIMITED LIABILITY COMPANY)
File # 20021360244

was filed in this office on December 30, 2002 and has complied with the applicable provisions
of the laws of the State of Colorado and on this date is in good standing and authorized and
competent to transact business or to conduct its affairs within this state.

Dated: February 28, 2003

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03 MAR 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For Validation:

Certificate ID: **642292**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow the
instructions displayed.

www.sos.state.co.us/ValidateCertificate

Donetta Davidson

SECRETARY OF STATE