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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 4, 2003

CORNERSTONE SUPPORT, INC. 16 NORCROSS STREET, SUITE 101 ATTN: RENAE BRYAN ROSWELL, GA 30075

SUBJECT: RENN RECOVERY SERVICES LLC

Ref. Number: W03000032411

We have received your document for RENN RECOVERY SERVICES LLC and your check(s) totaling \$190.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 003A00060015

Tammi Cline Document Specialist

Division of Corporations - P.O. ROX 6327 -Tallahassaa, Florida 32314



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

Tuesday, November 11, 2003

Dear Florida Secretary of State,

Please find enclosed the corrected Certificate of Authority and Certificate of Existence/Authorization for Renn Recovery Services, LLC, per your request. I have also enclosed a self addressed stamped envelope, for your convenience.

Thank you and should you have any questions please contact me.

Sincerely,

Licensing Specialist

Cornerstone Support, Inc.



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

Tuesday, October 28, 2003

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for Renn Recovery Services, LLC also enclosed is a trade name application. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions please feel free to call me at 770-587-4595.

Please mail any correspondence to: Cornerstone Support, Inc.
Attn: Renae Bryan
16 Norcross St.____
Suite 101
Roswell, GA 30075 ___

Sincerely,

Renae Bryan

Licensing Specialist

Cornerstone Support, Inc.

Www.CornerstoneSupport.

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 FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ign limited liability company) 3. 91-2008134 (Ility (FEI number, if applicable) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (See sections 608.501, 608.502, and 817.155, F.S.)
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WA 98105 ress of principal office)
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ged company, check here
n 90 days old, duly authenticated by the official having custody of recotocopy is not acceptable. If the certificate is in a foreign language ust be submitted.)
d or promoted in Florida:
n authorized representative of a member. (3), F.S., the execution of this document constitutes f perjury that the facts stated herein are true.) R. Amanda anted 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:	
Renn Recovery Services LLC	· .
2. The name and the Florida street address of the registered agent and office are:	•
LexisNexis Document Solutions Inc. (Name)	
Ç,	
1201 Hays Street	
Florida street address (P.O. Box NOT ACCEPTABLE)	-
Tallahassee, FL 32301	
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 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

Maron Stephenson ast Sery

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

Renn Recovery Services LLC LIST OF OFFICERS

PRESIDENT

Joel Diamond 4719 University Way NE, Suite 201 Seattle WA 98105



Secretary of State

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

RENN RECOVERY SERVICES, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named limited liability company was formed under the laws of the State of Washington and was issued a Certificate of Formation in Washington on September 23, 1999.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation has been filed, and that the limited liability company is duly authorized to transact business in the limited liability company form in the State of Washington.

Date: October 24, 2003

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

