





Cornerstone Support, Inc.

Florida Division of Corporations  
New Filing Section/Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

February 04, 2008

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for AscensionPoint Recovery Services, LLC. Please note that I have included a self addressed stamped envelope for your convenience for return proof of filing. 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.

**Confidentiality Notice**

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

**Please mail any correspondence to:**  
**Cornerstone Support, Inc.**  
**Attn: Janet Teague**  
**11111 Houze Rd, Suite 200**  
**Roswell, GA 30076**

Sincerely,

Janet Teague  
Licensing Specialist  
Cornerstone Support, Inc.

2008 FEB -7 P 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AscensionPoint Recovery Services, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Janet Teague  
\_\_\_\_\_  
(Name of Person)

Cornerstone Support, Inc.  
\_\_\_\_\_  
(Firm/Company)

11111 Houze Road, Suite 200  
\_\_\_\_\_  
(Address)

Roswell, GA 30076  
\_\_\_\_\_  
(City/State and Zip Code)

2008 FEB -7 P 3:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Janet Teague \_\_\_\_\_ at ( 770 ) 587-4595  
 (Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**STREET ADDRESS:**  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee   
  \$130.00 Filing Fee & Certificate of Status   
  \$155.00 Filing Fee & Certified Copy   
  \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:*

1. AscensionPoint Recovery Services, LLC  
(Name of Foreign Limited Liability Company)

2. DE 3. 26-1517215  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-13-2007 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Approval  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

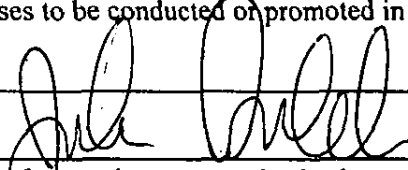
7. 200 Coon Rapids Blvd., Ste. 345  
Coon Rapids MN 55433  
(Street Address of Principal Office)

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:  
John Sheldon - 200 Coon Rapids Blvd. Suite 345, Coon Rapids, MN 55433 - MGRM  
William Haugen - 200 Coon Rapids Blvd. Suite 345, Coon Rapids, MN 55433 - MGRM

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

  
\_\_\_\_\_  
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.)  
John Sheldon  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2008 FEB -7 P 3:01  
SECRETARY OF STATE  
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:

AscensionPoint Recovery Services, LLC

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

Corporation Service Company  
(Name)

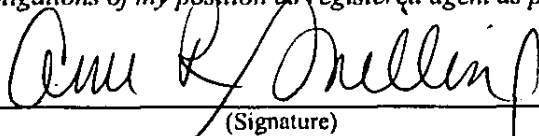
1201 Hays Street  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee, FL 32301  
City/State/Zip

2008 FEB - 7 P 3: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

*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, Florida Statutes.*

  
(Signature)

**Ann R. Shilling, Assistant VP**

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

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASCENSIONPOINT RECOVERY SERVICES, 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASCENSIONPOINT RECOVERY SERVICES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2008 FEB -7 P 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

4455995 8300

080080519



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6335350

DATE: 01-24-08