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SECRETARY OF STATE

T. CLINE MAY 2 8 2008

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: Universa Account Servicing, 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: |
| Sharon Thomas (Name of Person) |
| Universal Account Sexvicing LLC (Firm/Company) |
| 702 Felix Street (Address) |
| Sd. Joseph. Mo 64501 FEE Z |
| For further information concerning this matter, please call: |
| Sharon Thomas at (816) 233-2299 expersors (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Clifton Building 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: \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee & Bigcup Biling Fee, Certificate Copy} \text{Certificate Copy} \text{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: |
|--|
| |
| (Name of Foreign Limited Liability Company; must include "Limited Bability Company," "L.L.C.," or "LLC.") |
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") |
| Jelaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-1943649 (FEI number, if applicable) |
| 1. 12-1-2004 (Date of Organization) 5. Der Pet ual (Duration: Year limited liability company will cease to exist or "perpetual") |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| . 702 Felix St. |
| |
| 3. If limited liability company is a manager-managed company, check here |
| |
| Cloutsourcing, LLC, 431Shepherd Way, Park City, UT84098 manager James Loser, 702 Felix St., St. Joseph, MO 64501 member |
| Thomas Janni 702 Felix St. St. JOSeph MD64501 Member Universal Financial Holdings Lic |
| 0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.) |
| 1. Nature of business or purposes to be conducted or promoted in Florida: Consumer Bulling |
| for Clients send Statement, process payts, answer consumer. |
| 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.) |
| Jeff A Daum, VP of CP Out Sourcine, LLC Typed or printed name obsignee managine - member |

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: | | |
|--|--------------------------------------|---|
| Universal Account Servicing, LLC | | |
| If name unavailable, the alternate name to be used in the state of Florida is: | | |
| NA | | |
| 2. The name and the Florida street address of the registered agent and office are: | | |
| CT Corporation System (Name) | | |
| 1200 S. Pine Island Rad Florida Street Address (P.O. Box NOT ACCEPTABLE) | 2009 MAY 27 SECRETAR TALLAHASS | T |
| Plantation FL 33324 City/State/Zip | NY 27 PH ETARY OF HASSEE.F | |
| | STA STA | |

Having been named as registered agent and to accept service of process for the above stated limited li

See attachment
(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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 t | the Limited Liability Com | pany is: | | | | |
|---|--|---|--|---|--|--|
| Universal A | Account Servicing | , LLC | | | | |
| If name unavaila | ble, the alternate name to | be used in the state o | f Florida is: | | | |
| 2. The name and | the Florida street address | of the registered age | ent and office are: | | | |
| | C. | T Corporation System | | | | |
| - | | (Name) | | ZDDG TAL | | |
| | 1200 South Pine Island Road | | | | | |
| - | Florida Street Ad | dress (P.O. Box NOT AC | CCEPTABLE) | 2008 MAY 27 SECRETARY TALLAHASSE | | |
| _ | Plantation | FL | 33324 | ES PR | | |
| | | City/State/Zip | , | 1: 34 STATE LORID | | |
| liability company agent and agree to relating to the pro obligations of my | ed as registered agent and at the place designated in to act in this capacity. I further and complete performation as registered agent agent (Signature) | this certificate, I herei ther agree to comply ance of my duties, and | by accept the appointm with the provisions of a I I am familiar with and | ent as registered ill statutes I accept the | | |
| | \$ 100.00 \$ 25.00 | | • | | | |

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

IVERSAL GROU

Universal Account Servicing, LLC 702 Felix St. St. Joseph, MO 64501

Phone: 816-233-2299 Fax: 816-233-5399

Members / Owners

CP Outsourcing, LLC - Managing-Manager - 70.50% 431 Shepherd Way Park City, UT 84098-5704 435-645-9241

Ownership: 90.91% UFH (Universal Financial Holdings)

Ownership: 49% Chris Davis, President of UFH 49% Earl (Packy) Wilson 2% Charles Hawk

9.09% DDE, Inc / Jeffrey A. Daum, President of DDE

Personal Addresses

Chris Davis, President Earl (Packy) Wilson, Sec/Treas Charles Hawk, Member Jeffrey A. Daum, Vice President

Park City, UT 84098 431 Shepherd Way 35 Sandstone Cove 9699 S. Placita De La Causa Vail, AZ 85641 PO Box 1411

Park City, UT 84060 St. Joseph, MO 64502

Jim Loser – Member – 12.50% 415 N 3rd St, #201 St. Joseph, MO 64501

Tom Janni – Member – 7.00% 19671 Red Oak Blvd St. Joseph, MO 64505

Universal Financial Holdings, LLC - Member - 10% 431 Shepherd Way Park City, UT 84098-5704



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSAL ACCOUNT SERVICING, 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 FIFTEENTH DAY OF MAY, A.D. 2008.

3890180 8300

080515234
You may verify this certificate online at corp.delaware.gov/authver.shtml

Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6594181

DATE: 05-15-08