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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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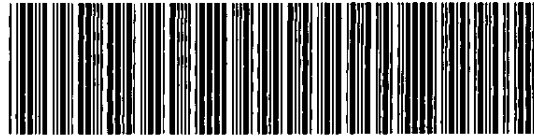
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL - 6 2009

EXAMINER



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

July 01, 2009

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Viking 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.

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

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. If you are not a named recipient, you are 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.

Sincerely,

Janet Teague
Licensing Specialist
Cornerstone Support, Inc.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Viking 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)

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TALLAHASSEE, FLORIDA

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 ☒ \$X55.00 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. Viking Recovery Services, LLC
(Name of Foreign Limited Liability Company)

2. NY 3. 26-3603596
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/24/2008 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. 375 N. French Road, Suite 107, Amherst, NY 14228
(Street Address of Principal Office)

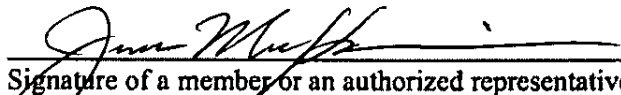
8. If limited liability company is a manager-managed company, check here ☐

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

MGRM - James M. MacKinnon - 375 N. French Road, Suite 107, Amherst, NY 14228

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.)

James M. MacKinnon
Typed or printed name of signee

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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:

Viking 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

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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)

Lynn Cannelongo, Assistant VP

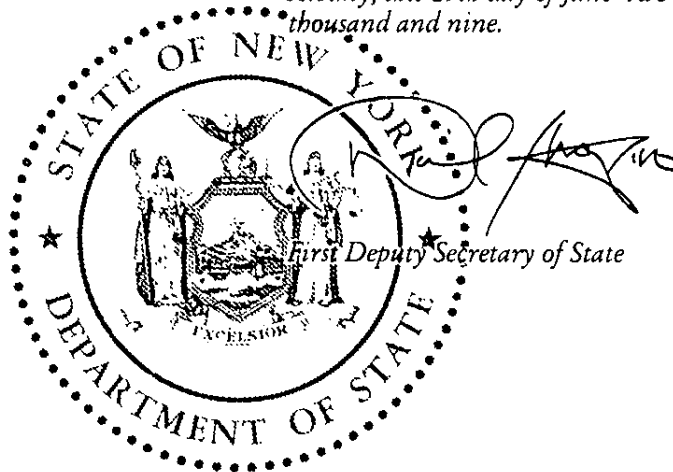
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**State of New York
Department of State } ss:**

I hereby certify, that FIRST AMHERST PORTFOLIO COMPANY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/24/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment FIRST AMHERST PORTFOLIO COMPANY, LLC, changing its name to VIKING RECOVERY SERVICES, LLC, was filed 01/07/2009.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 29th day of June two
thousand and nine.*



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