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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	<u>-</u> · · · ·
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B. KOHR

AUG 2 7 2009

EXAMINER



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

August 24, 2009

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Kenai Recovery, 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.

COVER LETTER

то:	Registration Section	Kongi Bogovery II C
	Division of Corporations	in the second se
SUBJ	ECT:	Kenai Recovery, LLC
		(Name of Limited Liability Company)
Florid		ign Limited Liability Company for Authorization to Transact Business in and check are submitted to register the above referenced foreign limited ass in Florida
Please	e return all correspondence co	ncerning 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)
For fu	rther information concerning	this matter, please call:
	Janet Teague	
	(Name of Per	rson) at (770) 587-4595 (Area Code & Daytime Telephone Number)
	MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the followin ☐\$125.00 Filing Fee ☐\$130	ng amount: 0.00 Filing Pee & X\$155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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 Forei	gn Limited Lia	bility Company)
гх	3.	26-4832799
urisdiction under the law of which foreign limit impany is organized)	ed liability	(FEI number, if applicable)
04/30/2009	5.	perpetual
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
Upon Approval		
		da, if prior to registration.) o determine penalty liability)
2860 Exchange Blvd., Suite 100, Southla	ke, TX 76092	
		To the second se
(Str	reet Address of	Principal Office)
f limited liability company is a manager	r-managed co	ompany, check here X
		The state of the s
The name and usual business addresses	of the manag	ging members or managers are as follows:
		ging members or managers are as follows:
The name and usual business addresses of Thomas R. Slone - MGR - 2860 Exchange		ging members or managers are as follows:
	ge Blvd., Suit	ging members or managers are as follows: December 100, Southlake, TX 76092
Thomas R. Slone - MGR - 2860 Exchang	ge Blvd., Suit	ging members or managers are as follows: December 100, Southlake, TX 76092
Thomas R. Slone - MGR - 2860 Exchang	ge Blvd., Suit	ging members or managers are as follows: December 100, Southlake, TX 76092
Thomas R. Slone - MGR - 2860 Exchang Joseph M. McQuillan - MGR - 2860 Exc Attached is an original certificate of existence, no necessity.	ge Blvd., Suit hange Blvd., more than 90 da	ging members or managers are as follows: Free 100, Southlake, TX 76092 Suite 100, Southlake, TX 76092 ys old, duly authenticated by the official having custody of
Thomas R. Slone - MGR - 2860 Exchange Joseph M. McQuillan - MGR - 2860 Exc Attached is an original certificate of existence, no maintain an original certificate of existence, no maintain and the law of which it is organized.	ge Blvd., Suit hange Blvd., nore than 90 da (A photocopy i	ging members or managers are as follows: the 100, Southlake, TX 76092 Suite 100, Southlake, TX 76092 ys old, duly authenticated by the official having custody of is not acceptable. If the certificate is in a foreign language, a
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Typed or printed 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.

The name of the Limited Liability Company is:
Kenai Recovery, LLC
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
tiving been named as registered agent and to accept service of process for the above stated limite bility company at the place designated in this certificate, I hereby accept the appointment as reg

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.

Sy H. Conedoso (Signatura)

Lynn Cannelongo, Assistant VP

\$ 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)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Kenai Recovery, LLC (file number 801117280), a Domestic Limited Liability Company (LLC), was filed in this office on April 30, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 20, 2009.



Phone: (512) 463-5555

Prepared by: Michelle DiCianni

Hope Andrade Secretary of State