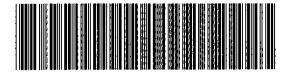
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

OF HE TILLULING

C. LEWIS

JULIS, 2011

EXAMINER



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

July 05, 2011

Florida Division of Corporations,

Please find enclosed the updated Certificate of Authority application for Financial Services Solutions, LLC. Please see Ref. Number: W11000033368 for the fees already submitted for this filing. They have hired Cornerstone Support, Inc. to file this on their behalf. I have included a stamped self addressed envelope for return proof of filing for your convenience. 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.

Suite 200



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2011

JANET TEAGUR / CORNERSTONE SUPPORT, INC. 11111 HOUZE ROAD SUITE 200 ROSWELL, GA 30076

SUBJECT: FINANCIAL SERVICES SOLUTIONS, LLC

Ref. Number: W11000033368

We have received your document for FINANCIAL SERVICES SOLUTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 811A00015032

Carolyn Lewis Regulatory Specialist II

COVER LETTER

	ion of Corporations			
SUBJECT:	Financial Services	Solutions, LLC		
	(Name of L	imited Liability Company)		
Florida," Cer	"Application by Foreign Limited I tificate of Existence, and check are pany to transact business in Florida	Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited		
Please return	all correspondence concerning this	matter to the following:		
		Janet Teague		
	0	Name of Person)		
Cornerstone Support, Inc.				
	(1	Firm/Company)		
	11111	Houze Road, Suite 200		
		(Address)		
	Ros	swell, GA 30076		
	(City/	State and Zip Code)		
For further in	formation concerning this matter, p	olease call:		
1	anet Teague			
	(Name of Person)	at (770) 587-4595 (Area Code & Daytime Telephone Number)		
	(Ivanie of Person)	(Alea Code & Daytine Telephone Number)		
MAIL	ING ADDRESS:	STREET ADDRESS:		
	on of Corporations	Division of Corporations		
	30x 6327	Clifton Building		
Tallah	assee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		
Enclosed is a	check for the following amount:			
	.00 Filing Fee S130.00 Filing Fee Certificate			

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Financial Services Solutions, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Delaware
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Financial Services Solutions of Delaware, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability ?? S. Company, L.L.C., or LLC.)
Date: 7/12/11
Signature(s) of Manager(s) and/or Managing Momber(s):

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. Financial Services Solutions, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Financial Services Solutions of Delaware, 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.") DE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) **Perpetual** (Date of Organization) (Duration: Year limited liability company wil exist or "perpetual") Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1430 Triad Center Dr., Suite H, St. Peters, MO 63376 (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: Ronnie Hugh Langford, Jr 1430 Triad Center Dr., Suite H, St. Peters, MO 63376 MGR See attached list of Managers 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: 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.)

Bradley Richter Franta

Typed or printed name of signee

KECISLEKED VCENT/KECISLEKED OŁLICE CEKTIFICATE OF DESIGNATION OF

FLORIDA.

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATEMENT OF TORIDA.

1.81.81 1.08	Florida Street Address (P.O. Box <u>MOT</u> ACCEPTABLE)
SEE SEE	1201 Hays Street
- 64	(Name)
ZOLL JUL SECRE	Corporation Service Company
22	. The name and the Florida street address of the registered agent and office are:
	Financial Services Solutions of Delaware, LLC
	If unavailable, the alternate to be used in the state of Plorida is:
	Financial Services Solutions, LLC
	1. The name of the Limited Liability Company is:

Tallahassee,

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.

FL City/State/Zip

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

5.00 Certificate of Status (optional)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Financial Services Solutions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Financial Services Solutions of Delaware, 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual (Date of Organization) (Duration: Year limited liability company will exist or "perpetual") Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1430 Triad Center Dr., Suite H, St. Peters, MO 63376 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: Ronnie Hugh Langford, Jr MGR 1430 Triad Center Dr., Suite H, St. Peters, MO 63376 See attached list of Managers 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.) **Bradley Richter Franta**

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.

1. The name of the Limited Liability Company is:	
Financial Services Solutions, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
Financial Services Solutions of Delaware, LLC	
2. The name and the Florida street address of the registered agent and office are:	ZIII JUL
Corporation Service Company (Name)	一一一
1201 Hays Street	SSEE.F.
Florida Street Address (P.O. Box NOT ACCEPTABLE)	STAT OR
Tallahassee, FL 32301	Dis RIDA
City/Statc/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. 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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Financial Services Solutions, LLC

LIST OF MANAGERS

MGR

Scott Michael Lindley 1430 Triad Center Dr., Suite H St. Peters, FL 63376

MGR

Mark Allen Goldman

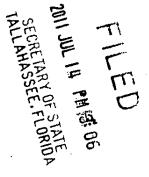
1430 Triad Center Dr., Suite H St. Peters, FL 63376

MGR.

Stanley Itskowitch 1430 Triad Center Dr., Suite H St. Peters, FL 63376

MGR

Bradley Richter Franta 1430 Triad Center Dr., Suite H St. Peters, FL 63376



Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FINANCIAL SERVICES SOLUTIONS, 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 JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINANCIAL SERVICES SOLUTIONS, LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2011.

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

4878982 8300

DATE: 06-15-11

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