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SECRETARY OF STATE
TALL AHASSEE, FLORIBA

FEB 27 2013 T CLINE

Account Management Resources, LLC

615 N Classen Blvd Oklahoma City, OK 73106

State of Florida FL Reg Section Division of Corporations 2661 Executive Center Circle Clifton Building Tallahassee, FL 32301

RE: Account Management Resources, LLC

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Cynthia McInerney Account Management Resources, LLC PO Box 60621 Oklahoma City, OK 73146-0621

If you have any questions regarding this application, please contact:

Cynthia McInerney Account Management Resources, LLC

Phone: (405) 606-8207 Fax: (405) 606-8307

Email: cmcinerney@cmrclaims.com

Enclosures

SEGRETARY OF STATE
INCLAHASSEF, FI DOIN

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. Account Management Resources, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
|--|---------------|
| AMR Management LLC | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.") | |
| 2. Oklahoma 3. 46-1275249 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. 08/19/2004 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual") | se to |
| 6. Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | - |
| 7. 615 N. Classen Blvd., Oklahoma City, OK 73146 | |
| <u></u> | 20 |
| (Street Address of Principal Office) | نب |
| 8. If limited liability company is a manager-managed company, check here | FEB 26 |
| 9. The name and usual business addresses of the managing members or managers are as follows: | |
| See Attached | |
| | en en |
| | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language 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 Collection - | |
| 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | .) |
| Angela Butera | |
| Typed or printed name of signee | |

Account Management Resources, LLC

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

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

| Name | Business Address |
|-----------------|---|
| John Fudge | 615 N. Classen Blvd., Oklahoma City, OK 73106 |
| Richard Cook | 615 N. Classen Blvd., Oklahoma City, OK 73106 |
| Jonathon Fudge | 615 N. Classen Blvd., Oklahoma City, OK 73106 |
| William Haaland | 615 N. Classen Blvd., Oklahoma City, OK 73106 |

SEGRETARY OF STATE

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 th | ne Limited Liability Company is: | |
|---------------------|--|-------------------------|
| Account Managemer | at Resources, LLC | |
| If unavailable, the | alternate to be used in the state of Florida is: | |
| AMR Management | LLC | |
| 2. The name and | the Florida street address of the registered agent and office are: | |
| | and I tolida discot addices of the registered agent and extree are | 201 SE IAL |
| _ | C T Corporation System | 2013 FEB SEGRET/ |
| | (Name) | ه جو المستقر العرام |
| | 1200 South Pine Island Road | . 照文 の |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | 三四次 三 |
| | | |
| _ | Plantation FL 33324 | |
| | City/State/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.

CT Corporation System

Michele Miller

(Signature) Assistant Secretary

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

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>ACCOUNT MANAGEMENT RESOURCES, LLC</u> whose registered agent is <u>NATIONAL REGISTERED AGENTS, INC. OF OK</u>, with its registered office at <u>115 SOUTHWEST 89TH STREET OKLAHOMA CITY 73139</u> 8505 USA Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>7th</u>, day of <u>February</u>, 2013.

Secretary Of State

Chuchelle R D

Collectors Insurance Agency, Inc. Power of Attorney

NOTICE IS HEREBY GIVEN THAT Account Management Resources, LLC, ("Entity") an entity organized under the laws of Oklahoma, does hereby appoint, Angela Butera, Lisa M. Eubanks, Jeff Schoenberg and Janis St. Martin while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 12th day of February, 2013.

Signature of Authorized Entity Representative

Cynthia McInerney, Member/Secretary

Print Name and Title

Sworn to and subscribed before me This of February, 2013.

Notary Public, State of Allahome Commission Expires: Which 3/ 2016

Notary Signature

CONTROL OF CONTROL