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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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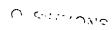
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Florida Division of Corporations New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

January 29, 2018

Florida Division of Corporations.

Please find enclosed the certificate of authority application and filing fee for The Receivable Management Services LLC. They have hired Cornerstone Support. Inc. to file this on their behalf. I have provided 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 or email me at jteague@cornerstonesupport.com.

Please mail any correspondence to: Cornerstone Support, Inc. Attn: Janet Teague 70 Mansell Court, Suite 250 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

Senior Licensing Specialist Cornerstone Support, Inc.

	COVER LET	TER
	istration Section ision of Corporations	
SUBJECT:	The Receivable Management Services LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited L	ability Company
		uthorization to Transact Business in Florida," Certificate of ign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to the following	:
	Janet Teague	
	Name of Pe	rson
	Cornerstone Support, Inc.	
	Firm/Comp.	any
	70 Mansell Court, Suite 250	
	Address	
	Roswell GA 30076	
	City/State and Z	ip Code
	licensing@iqor.com	
	E-mail address: (to be used for futur	e annual report notification)
For further i	nformation concerning this matter, please call:	
Co	rnerstone Support, Inc. Attn: Janet Teague 770	587-4595
		ea Code Daytime Telephone Number
Div Reg P.C	ALING ADDRESS: vision of Corporations gistration Section 0. Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: \$125.00 Filing Fee □ \$130.00 Filing Fee & ■ \$155 Certificate of Status Certifie	.00 Filing Fee & \$\Bigcup \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

The Receivable Manage	ement Services LLC				
(Name of Foreign Limited Liability Company; must include "Limited Liability Comp			pany," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate is	ame adopted for the purpose of transacting business in l	lorida. The alternate	rame must include "Limited Liability	Company," "L.L.C," or "LLC	")
2. DE 3. 2237					
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number,	if applicable)	
4. Upon Approval					
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration)			
	(, , , , , , , , , , , , , , , , , , ,		1	<u></u>	
5. (Street Address of Principal Office)		6	(Mailing Address)) 	
240 Emery Street		200	Central Avenue Suite 700)	,ว
Bethlehem PA 18015		Sain	t Petersburg, FL 33701	•	ر
					- 1
7 Name and street address	ss of Florida registered agent: (P.O. Bo	v NOT accen	table)		بتبت
		,,, <u>, , , , ,</u> ,,,,,,,,,,,,,,,,,,,,,,,			
Name:	C T Corporation System		_	بند. س	اس
Office Address:	1200 South Pine Island Road			~.	
Office Hadress.					
	Plantation		. Florida 33324 (Zip code)		
Registered agent's accep	(City) Jance:		(Zip code)		
	ions of all statutes relative to the props of my position as registered agent. By: CT Corporation System	Om 1		ties, and I am familia mes M. Ha	
	(Registered agent	's soutature)	A	ssistant Secre	tarv
8. The name, title or capa	acity and address of the person(s) who	has/have autho		00.0.0	
Title or Capacity:	Name and Address:		-	Name and Address:	
Authorized Member	Receivable Management Services Inte	rnational, LLC			
	200 Central Avenue, 5th Flo	OOL	***		
	Saint Petersburg, FL 33701	_			
		<u> </u>			
(Use attachments if neces	sary)				
·	•				
 Attached is a certificate jurisdiction under the law of the translator must be si 	of existence, no more than 90 days old of which it is organized. (If the certifical abmitted)	d, duly authent ate is in a fore	icated by the official havi ign language, a translation	ng custody of records n of the certificate und	in the er oath
	uted in accordance with section 605.02 the Department of State constitute a				ion
	Signati	ure of an authorized p	ocrson		
	Daniel L. Montenaro				
	- I a	Lar neissel neiss of a			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE RECEIVABLE MANAGEMENT SERVICES

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 FOURTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3355036 8300 SR# 20180065405 Authentication: 201919150

Date: 01-04-18