

Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the limited liability company is: Customer Service Associates, LLC
2. The name, if different, under which it proposes to register and transact business in Rhode Island is:
3. The limited liability company is organized under the laws of Delaware
4. The date of its organization is November 12, 2010
5. The period of duration of the limited liability company is (if perpetual, so state) perpetual
6. The address of the limited liability company's resident agent in Rhode Island is: 1222 Jefferson Blvd., Suite 200, Warwick, RI 02888
and the name of the resident agent at such address is National Registered Agents, Inc.
7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.
8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is: c/o National Registered Agents, Inc., 160 Greentree Drive, Suite 101, Dover, DE 19904
9. The mailing address for the limited liability company is: 24807 E. 101st Street, Lee's Summit, MO 64086

SECRETARY OF STATE
CORPORATIONS DIV
2012 JUL 9 PM 2:14

FILED 1214
JUL 09 2012
BY 02-174456

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed by its members. (If you have checked this box, go to Item no. 11.)

or

B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

Upon Filing

(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 7/3/2012

Customer Service Associates, LLC

Print Exact Name of Limited Liability Company Making Application

By



Mr. Jim Menges

Signature of Authorized Person



Member List

F. JODY READ
4509 WOODLAND DRIVE
LAKE ST LOUIS, MO 63367

WILLIAM E SHIVELY
5715 HWY 85 NORTH #803
Crestview, FL 32536

MILTON DAVIS
1210 ORR ROAD
ARLINGTON, TN 38002

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUSTOMER SERVICE ASSOCIATES, 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 SIXTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUSTOMER SERVICE ASSOCIATES, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2010.

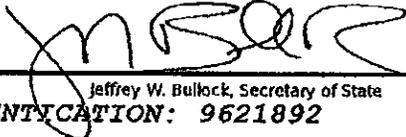
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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120708159

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9621892

DATE: 06-06-12



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

