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ALLAHASSEF FLORIE

D. BRUCE

MAY 11 2010

EXAMINER

COVER LETTER

_	tration Section ion of Corporations					
SUBJECT:	Citation Collection	n Services, LLC				
Sobile1.	(Name of L	imited Liability Company)				
Florida," Cer	· · · · · · · · · · · · · · · · · · ·	Liability Company for Authorization to Tra submitted to register the above referenced 				
Please return	all correspondence concerning this	s matter to the following:				
	. •	Janet Teague				
	(Name of Person)				
	Cort	nerstone Support, Inc.				
	(Firm/Company)	AR AR			
	(Firm/Company) ARC					
		(Address)	TO B IT			
	Ro	swell, GA 30076	HH: 29 STATE FLORID			
	(City/	(State and Zip Code)				
For further in	formation concerning this matter, p	please call:				
J	anet Teague	at (770) 587-4595				
	(Name of Person)	(Area Code & Daytime Telephone	Number)			
Divisi P.O. E	LING ADDRESS: on of Corporations dox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	check for the following amount: .00 Filing Fee S130.00 Filing Fee Certificate		g Fee, Certificate atus & 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:

Citation Collection Services, LLC					
(Name of Ford	eign Limited Lia	bility Company)			
. IN	3.		20-5461227		
(Jurisdiction under the law of which foreign lim company is organized)	ited liability	(FEI num	ber, if applicable)	
8/28/06	5.	Perpetual			
(Date of Organization)		(Duration: Year limited exist or "perpetual")	d liability compan	y will cease	to
Upon Approval					-
(See sections 608.501 &	608.502 F.S. to	da, if prior to registration o determine penalty liabil	.) ity)		
7835 Woodland Dr., #250, Indianapolis,	IN 46278			<u> </u>	
(S	treet Address of	Principal Office)		(S) (S)	<u> </u>
If limited liability company is a manage	er-managed co	ompany, check here	X]	AH EF,	: [
	0.4			ES 3E	: [
The name and usual business addresses	of the manag	ing members or man	agers are as tol		
James M. Zaloudek - MGR - 7835 Wood	land Dr., #250	, Indianapolis, IN 462	78]>	
		······································			
). Attached is an original certificate of existence, no					
e jurisdiction under the law of which it is organized. anslation of the certificate under oath of the translato	· • • •	•	ificate is in a foreig	gn language,	a
i Saucti of the ecutivate tirkat cautof the transact	C THUSE OC SULVETIL	ux.)			
1. Nature of business or purposes to be c	onducted or p	romoted in Florida:	Debt Collection	ons	
					. •
)				
Signature of a memb	er or an auth	orized representative	of a member.		
(In accordance with section	608.408(3), F.S.,	, the execution of this documental the facts stated herein	nent constitutes		
	M. Zaloudek		*		
Туре	d or printed n	ame 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:	
Citation Collection Services, LLC	
2. The name and the Florida street address of the registered agent and office are:	5 5
Corporation Service Company	
(Name)	10 10
1201 Hays Street	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	M: 29 STATE CORNDA
Tallahassec, FL 32301	Prij Vo
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.

Ly Comedon (Signature)

Lynn Cannelongo, Assistant VP

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

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

CITATION COLLECTION SERVICES, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 28, 2006, and was in existence or authorized to transact business in the State of Indiana on May 07, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventh Day of May, 2010.

TODD ROKITA, Secretary of State

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