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(Red	questor's Name)
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PICK-UP	WAIT MAIL
	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:

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2004 SEP -8 P 2: 14

SECRETARY OF STATE



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09/08/04--01034--004 **78.75



Florida Secretary of State Secretary of State 409 East Gaines St. Tallahassee, FL 32399

FILED

2004 SEP -8 P 2: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Thursday, September 02, 2004

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for Law Offices of Bradley J. Rephen, P.C. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions please feel free to call me at 770-587-4595.

Please mail any correspondence to:
Cornerstone Support, Inc.
Attn: Lisa Edwards
16 Norcross St.
Suite 101
Roswell, GA 30075

Sincerely,

Lisa Edwards

Licensing Specialist

Cornerstone Support, Inc.

16 Norcross Street

Raswell, Georgia 30075

770.587.4595 Fax 770.587,2440

TRANSMITTAL LETTER

FILED

10:	Registration Section Division of Corporations			COUNT SEP -8 P		
	DIVISIO	n or Corpo	rations			SECRETARY
SUBJ	ECT: _	Law Offic	es of Bradley J. Rephen	<u>ı, P.C.</u>		SECRETARY OF S TALLAHASSEE, FLO
			(Name of co	orpora	ation - must include suffix)	
Dear S	ir or Ma	dam:				
					for Authorization to Transa to register the above referen	
to tran	sact busi	ness in Flo	ida.			
Please	return al	l correspon	dence concerning thi	is ma	tter to the following:	
			Li	sa Edv	wards	on the second of
 -	1-		, (1	Name	of Person)	·
			Corner	rstone	Support, Inc.	
	- 	,			Company)	
			16 No	orcross	St. Suite 101	• ÷ र− .
				_	ddress)	
			Ro	swell.	GA 30075	
. 1.		7 - 77 - 7	(Cit	y/Sta	te and Zip code)	· · · · · · · · · · · · · · · · · · ·
For fur	ther info	rmation co	ocerning this matter,	pleas	se call:	
I	isa Edwa	rds	at (_		770-587-4595	
**	(Name	of Person)	•	(Are	ea Code & Daytime Teleph	one Number)
CTDE	ET ADD	DFCC.			MAILING ADDRESS	₹.
	ration Se				Registration Section	J.
		porations			Division of Corporation	ons
	Gaines S				P.O. Box 6327	
lallan	assee, FI	J 32399			Tallahassee, FL 3231	4
Enclos	ed is a cl	neck for the	following amount:			
□ \$70	.00 Filin	g Fee 💆	\$78.75 Filing Fee Certificate of State		☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE 97TH SECTION 60 7.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL SEP -8 P 2: 15

l. Law Of	fices of Bradley J. Rephen, P.C.		SE(ED'', ''COMPANY'', "CORPORATION" J ^{ALL}	RETAR	Y OF ST		
(Name of corpor	ration; must include the word "INCORPOR.	ATI earl	ED", "COMPANY", "CORPORATION" of ALL y indicate that it is a corporation instead of a	AHASS	EE, FLOR		
	or partnership if not so contained in the nam						
New York		3.	74-2997209		,		
(State or country	under the law of which it is incorporated)	_	(FEI number, if applicable)		– -		
4/6/01			5. Perpetual				
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "pe	rpetual")			
upon qualif	ication				<u></u>		
(Date first trans	•		transacted business in Florida, insert "upon quali, 607.1502 and 817.155, F.S.)	fication.	?		
17 Squadron	Blvd #320		New City	NY	10956		
	(Current mailing	add	ress)	<u></u>	<u></u> -*		
. Debt Colle	ction			-4. t			
(Purpose(s) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)				
. Name <u>and str</u>	eet address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptab	le)			
Ņame:	Corporation Service Company			-	•		
Office Address:	1201 Hays Street	· <u>-</u>		s			
	Tallahassee		, Florida <u>32301</u>				

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I aM familiar with and accept the obligations of my position as registered agent.

M (Muscly Allison Quigley, Asst. Vice-President
(Registered agent's signature)

I 1. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Name	es and business addresses of officers and/or directors:	FILED
A. DIRE	CTORS	
Chairman:	Bradley J. Rephen	7004 SEP -8 P 2: 15
Address:	17 Squadron Blvd #32	SECRETARY OF STATE TALLAHASSEE FLORIDA
	New City NY 10956	
Vice Chair		and the second s
Address:		**************************************
Director: _		
Address: _	The second secon	<u> </u>
-		<u> </u>
Director: _		and the second s
Address: _		A CONTRACTOR OF THE PARTY OF TH
,		
- -		
B. OFFI		
President:	See Attached List of Officers	
Address: _		
-		
Vice Presid	lent:	The second secon
Address:		
•		
Secretary:		
Address: _		<u> </u>
Treasurer:		
Address: _		The second secon
	ecessary, you may attach an addendum to the application li	•
13.	(Signature of Chairman, Vice Chairman, or any office	r listed in number 12 of the application)
14. 9/1	6 OU BRADLEY J. REPHEN PRE	SIDENT
	(Typed or printed name and capacity of person	n signing application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of LAW OFFICES OF BRADLEY J. REPHEN, P.C. was filed on 04/06/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of August two thousand and four.

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