

F12000004474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

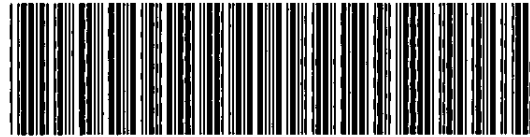
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 NOV -1 AMH:STL
FBI MIAMI STATE
MILWAUKEE, FLORIDA

11/02/12



Cornerstone Support, Inc.

Florida Division of Corporations
New Filing Section/Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

October 29, 2012

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Capital Alliance Solutions, Inc. 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.

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
Licensing Specialist
Cornerstone Support, Inc.

70 Mansell Court

Suite 250

Roswell, Georgia 30076

770.587.4595

Fax 770.587.2440

www.cornerstonesupport.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Capital Alliance Solutions, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Janet Teague
(Name of Person)
Cornerstone Support, Inc.
(Firm/Company)
70 Mansell Court, Suite 250
(Address)
Roswell, GA 30076
(City/State and Zip code)

For further information concerning this matter, please call:

Janet Teague at (770) 587-4595
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Capital Alliance Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NY 3. 45-5541292
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/14/2012 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1800 Elmwood Avenue Buffalo NY 14207
(Principal office address)

(Current mailing address)

8. Debt Collection
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.



(Registered agent's signature)

Sonya L. Cordell
Assistant VP

11. 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 NOV - 1 AM 11:56
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michelle M. Mesi

Address: 1800 Elmwood Avenue

Buffalo NY 14207

Director: _____

Address: _____

B. OFFICERS

President: Michelle M. Mesi

Address: 1800 Elmwood Avenue

Buffalo NY 14207

Vice President: Michelle M. Mesi

Address: 1800 Elmwood Avenue

Buffalo NY 14207

Secretary: Michelle M. Mesi

Address: 1800 Elmwood Avenue Buffalo NY 14207

Treasurer: Michelle M. Mesi

Address: 1800 Elmwood Avenue Buffalo NY 14207

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michelle M. Mesi

(Signature of Director or Officer listed in number 12 of the application)

14. Michelle M. Mesi President

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CAPITAL ALLIANCE SOLUTIONS, INC. was filed on 06/14/2012, 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 an existing corporation.



12 NOV -1 AM 11:56
ALLIANCE FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 17th day of October two
thousand and twelve.*

First Deputy Secretary of State