

F14000002001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

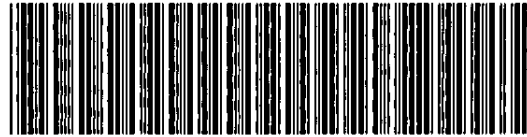
(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY - 2 PM 2:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COLLECTION LICENSING, LLC

Robert Powell, CEO

1752 S. Lima St.
Aurora, CO 80012

Phone: (303) 369-1586
Fax: (303) 369-1589

robert@rpowell.net

www.collectionlicensing.com

TRANSMITTAL SHEET

VIA USPS CERTIFIED MAIL # 7013 1710 0000 6950 1340

April 28, 2014

To: **Florida Department of State
New Filing Section**

Re: **Bifulco and Associates Professional Corporation**

The paperwork and appropriate fees for the **foreign business registration** for the above referenced **foreign corporation** is enclosed. **Please mail the Certificate of Authority directly to me at 1752 S. Lima St., Aurora, CO 80012.**

If there are any problems with the attached paperwork, please allow me the professional courtesy of resolving any deficiencies before returning the paperwork to me. Rather than returning the paperwork, causing further delays and expense for your department and state if you have any further questions or concerns regarding this filing, please contact me via email or call at 303-369-1586 so that I can resolve any problems immediately.

Very truly yours,

Robert D. Powell

Robert Powell
Licensing Administrator

Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 MAY -2 PM 2:02

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bifulco and Associates Professional Corporation

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," or "Certificate of Good Standing" 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:

Robert Powell

Name of Person

Collection Licensing, LLC

Firm/Company

1752 S Lima St

Address

Aurora, CO 80012

City/State and Zip code

robert@rpowell.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Powell

Name of Person

at (303) 369-1586

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. Bifulco and Associates Professional Corporation

(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. PA 3. 46-5022505
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/07/2014 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 6 Neshaminy Interplex, Suite 212, Trevose, PA 19053
(Principal office address)

6 Neshaminy Interplex, Suite 212, Trevose, PA 19053
(Current mailing address)

8. Law practice engaged in Pennsylvania in part collecting debt from consumers via interstate means of fax, mail or phone.
(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: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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)

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 2 PM 2:02

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

A. DIRECTORS

Chairman: David K. Bifulco - Sole Director

Address: 6 Neshaminy Interplex, Suite 212, Trevose, PA 19053

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY -2 PM 2:02

B. OFFICERS

President: David K. Bifulco

Address: 6 Neshaminy Interplex, Suite 212, Trevose, PA 19053

Vice President: David K. Bifulco

Address: 6 Neshaminy Interplex, Suite 212, Trevose, PA 19053

Secretary: David K. Bifulco

Address: 6 Neshaminy Interplex, Suite 212, Trevose, PA 19053

Treasurer: David K. Bifulco

Address: 6 Neshaminy Interplex, Suite 212, Trevose, PA 19053

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. David K. Bifulco, President

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

APRIL 15, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Bifulco and Associates Professional Corporation

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth