F150000004446

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
CUO & NOT AVGI W15-63387					



200276883482

09/21/15--01050--003 **78.75

FILED
2018 OCT +5 PM 4: 43

Office Use Only

K.SALY EXAMINER OCT -7 2015



September 23, 2015

PATRICK COLLINS TELESERVICES, INC. 195 14TH ST., UNIT 1402 ATLANTA, GA 30309

SUBJECT: TELESERVICES, INC. Ref. Number: W15000063387

We have received your document for TELESERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P06000050693 "TELESERVICES, INC.".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 315A00020106

COVER LETTER

TO: Registration Section Division of Corpo				
Teleservices				
SUBJECT:	Name of corpora	tion - must in	clude suffix	
D 6' 14 1				
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign of	or "Certificate of Good S	Standing" and	l check are su	
Please return all correspon Patrick Collins	dence concerning this ma	itter to the fo	llowing:	
	Name	of Person		
Teleservices, Inc.				
	Firm/C	Company		
195 14th St; Unit 1402				
	Ac	idress		
Atlanta, GA 30309				
	City/Star	e and Zip co	de	
patrick.collins@teleservicesr				
	E-mail address: (to be us	ed for future	annual report	notification)
For further information co	ncerning this matter, plea	se call:		
Patrick Collins	404	825-09	825-0981	
Name of Person	at (Area ()	Daytima Talar	phone Number
rame of region	Alou	1	sayımıc reici	mone rannoci
STREET/COURI Registration Section			MAILING A Registration S	
Division of Corpor			Division of C	
Clifton Building 2661 Executive Ce	inter Cirolo		P.O. Box 632	
Tallahassee, FL 3			Tallahassee, l	rL 32314
Enclosed is a check for the	following amount:			
□ \$70.00 Filing Fee ■	\$78.75 Filing Fee & Certificate of Status	S78.75 I	Filing Fee & d 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.

Teleservices, I		"COMPANY CORPORATION	
"Inc.," "Co.," "	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	,
Te	leservices ABC,	INC.	
(If name unavai Georgia	lable in Florida, enter alternate corporate name/a		business in Florida)
2	3.	26-1827244	
	try under the law of which it is incorporated)	(FEI number, if appl	icable)
1/25/2008 4,	5.	•	
(Dat	te of incorporation)	(Date of duration, if other th	an perpetual)
9/1/2015 6.			
·	(Date first transacted business in	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty liability)
7	nurch Rd, Statham, GA 30666		70.20
	(Principa	al office address)	2015 OCT
195 14th St, Un	it 1402; Atlanta, GA 30309		空 二
	(Current mailing	g address, if different)	55 5 F
			mo - r
8. Name and stre	ect address of Florida registered agent: (P.O	. Box NOT acceptable)	E.F.
	Shawen Johncola	• ,	STATE STATE
Name:			57 to .
Office Address:	999 West Cypress Creek Rd.; Unit 430		₹*/
	Fort Lauderdale	33309	
	(City)	, Florida (Zip code)	
	(<i>)</i> /	(P)	

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors:	FILE
A. DIRECTORS	2015 LED
Chuck Vanderford	20/3 OCT -5 DU
Address:	FILED 2015 OCT - 5 PH 4: 43 TALLAHASSEE. FLORIDE
	ASSEE. FLORID.
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Patrick Collins	
195 14th St; Unit 1402; Atlanta, GA 30309 Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 ab are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	ove) affirms that the facts stated herein nt to the Department of State constitutes
13. Patrick Collins/President	
(Typed or printed name and capacity of person signing a	application)

Control Number: 08007036

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

Misoci S PANILLO

CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official/Code of Georgia-Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or notize of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction

Print Date

Form Number

:12173037

:01/25/2008 : Georgia

: 9/28/2015



Brian P. Kemp Secretary of State