

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

: (850)878-5368

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 : (850)205-8842

Enter the omail address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION AMERICA'S BACK OFFICE, INC - MIDWEST

Certificate of Status	0
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Page Count	06
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10/13/2015

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COVER LETTER

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TO: New Filing Section Division of Corporations	
•	Divisor
SUBJECT: AMERICA'S BACK OFFICE, INC - MI	tion - must include suffix
raine or corporat	nod - Zhasi menao gama
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation: "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	iter to the following:
Name	of Person
Firm/C	Company
Ac	ldress
City/Stat	e and Zip code
nizybura@aespeo.com	•
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
34 f	,
Name of Person · Are	ea 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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

(If name unavail	able in Florida, enter alternate comorate name a	dopted for the purpose of transacting business in Florid	a)
Michigan		47-4999417	,
	y under the law of which it is incorporated)	(FEI number, if applicable)	
08/31/2015	5	Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetua	")
Upon Qualificat	ion		
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
13900 Lakeside (Circle Suite 200, Sterling Heights, MI 48313		
	(Principal office addr	css)	
same	(Current mailing addr	nea)	
Name and street	et address of Florida registered agent: (P.C	P. Box NOT acceptable)	ייי פון
Name and stree	et address of Florida registered agent: (P.C	P. Box NOT acceptable)	
Name:		D. Box NOT acceptable)	€ 7
Name:	C T Corporation System 1200 South Pine Island Road Plantation	, Florida 33324	ें र
Name:	C T Corporation System 1200 South Pine Island Road		€ 7
Name: ffice Address: Registered againg been names ignated in this rther agree to c	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointn	The control of the above stated corporation at the control of the above stated corporation at the control of the control of the control of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of th	the playaci
Name: ffice Address: Registered agiving been numesignated in this orther agree to c	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept servic application, I hereby accept the appointn comply with the provisions of all statutes refamiliar with and accept the obligations of	The control of the above stated corporation at the control of the above stated corporation at the control of the control of the control of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of th	the playaci
Name: office Address: Registered aguaring been names as a thick the same and a thick the same and a thick the same and a thing and a thick the same and a thick the same a thi	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red us registered agent and to accept servic application, I hereby accept the appoints comply with the provisions of all statutes refamiliar with and accept the obligations of	The control of the above stated corporation at the control of the above stated corporation at the control of the control of the control of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of th	the paragraph

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.

10/13/2015 3:36:01 PM From: To: 8506176383(4/6)

11.	Names a	and bus	iness addre	esses of e	officers	and/or	directors:
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A. DIRE	ECTORS SEE ATTACHMENT	
Chairman		
Address:		
-		
Vice Chai	nnan:	
Address:		•
-		
Director:		
Address:		,
Diventor		-
		•
Address:		
B. OFFI	CERS	-ŋ
President:	David Otto	7
Address	13900 Lakeside Circle Suite 200	. '
	Sterling Heights, MI 48313	
Vice Presi	dent:	
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12.	Sairie atto	
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.	
12 David	d Otto. President	

10/13/2015 3:36:01 PM From: To: 8506176383(5/6)

Attachment to Florida Officers & Directors

1 Full Name: David Otto

Officer/Director: Officer, Director

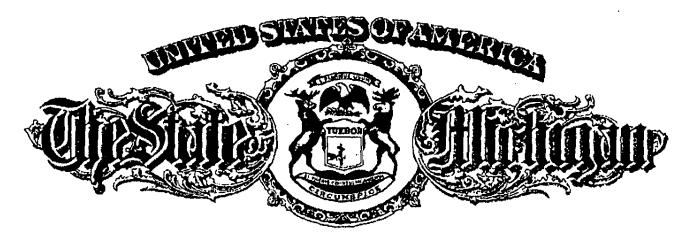
Officer's Title: President
Director's Title: Director

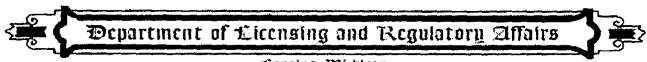
Business Address: 13900 Lakeside Circle Suite 200

City: Sterling Heights

State: MI ZIP Code: 48313







Lansing, Michigan

This is to Certify That

AMERICA'S BACK OFFICE, INC - MIDWEST

was validly incorporated on August 31, 2015, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lensing, this 13th day of October, 2015.

Julia Dale, Acting Director

Corporations, Securities & Commercial Licensing Bureau