F2000000221

(Requestor's Na	ame)				
(Address)					
(Address)					
(City/State/Zip/l	Phone #)				
PICK-UP WAI	T MAIL				
(Business Entit	y Name)				
(Document Nur	nber)				
Certified Copies Certif	icates of Status				
Special Instructions to Filing Office	r.				

Office Use Only

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COVER LETTER

	то:		stration So	ction porations						
				•	lutions Group	, lnc				
	SUBJECT: Name of corporation - must include suffix									
					e or ecop					
	Dear S	Sir or M	ladam:							
(¥)	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: Jim Klenk									
	Name of Person									
	Full Spectrum Processing									
	Firm/Company 205 Arch Street 2nd Floor									
	Address Philadelphia, PA 19106									
	City/State and Zip code james@parfunding.com									
				E-mail a	ddress: (to be	used fo	r futur	e annual report	notifi	cation)
	For fu	rther in	formation	concerning	this matter, p	olease ca	II:			
	Jim Klenk				267	267		465-9012		
			e n)	Ph	•	
		Nam	e of Perso	n	Ar	ea Code		Daytime Telep	ohone	Number
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corpor 17	n ations
	Enclos	Enclosed is a check for the following amount:								
	☐ \$70	0.00 Fil	ling Fee		5 Filing Fee & Teate of State			Filing Fee & ed Copy	Þ	\$87.50 Filing Fee, Certificate of Status & Certified Copy



January 14, 2020

JIM KLENK 205 ARCH ST 2 FLOOR PHILADELPHIA, PA 19106

SUBJECT: COMPLETE BUSINESS SOLUTIONS GROUP, INC.

Ref. Number: W20000001671

We have received your document for COMPLETE BUSINESS SOLUTIONS GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6050.

Letter Number: 120A00000524

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org



2000 PGA Blvd Ste. 4440 Palm Beach Gardens, FL 33408 (215) 922-2636 www.parfunding.com

January 14, 2020

Tracy Lemieux
Florida Department of State
Division of corporation
Registration Section
PO Box 6327 Tallahassee, FL 32314

RE: Complete Business Solution Group, Inc.

Ein # 45-3686215

Document Number: W20000001671

Dear Tracy;

Please accept the registration for Complete Business Solution Group, Inc. The company had originally filed and was approved as a Domestic Corporation under Document Number P19000087727. This filing was done in error.

Complete Business Solution Group, Inc is a Foreign Corporation. When the error was discovered we were instructed by your office to dissolve Document Number P19000087727 and refile as a Foreign Corporation which is under Document Number W20000001671

These are the same company and we do not plan on reactivating Document Number P19000087727 Please accept our filing under Document Number W20000001671.

Also, since our original filing we have changed our Florida business location to the following Complete Business Solution Group, Inc.

2000 PGA Blvd Suite 4440

Palm Beach Gardens, FL 33408

If you should have any questions please feel free to contact me at 267-465-9012

Kind Regards

James Klenk Controller

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STA REIGN CORPORATION TO TRANSACT BU,	TUTES, THE FOLLOWING IS SUBMITTED TO				
Complete Busin	ess Solutions Group, Inc					
(Enter name of contine," "Co.," "C	orporation; must include "INCORPORATED," ") orp," "Inc," "Co," or "Corp,")	COMPANY." "CORPORATION,"				
CBSG						
Delaware	45	opted for the purpose of transacting business in Florida) = 6-3686215				
10/21/2011		(FEI number, if applicable)				
January 1, 2017	of incorporation) (Date first transacted business in Fl	(Date of duration, if other than perpetual)				
205 Arch 2nd Flo	(Principal o or Philadelphia, PA 19106	office address)				
	(Current mailing a	address, if different)				
Name and stree Name:	t ad <u>dress</u> of Florida registered agent: (P.O. F Lisa McElhone					
fice Address:	107 Quayside Drive	61 - F-				
	Japiter	33477 1753 > 1764				
	(City)	(Zip code)을로 글 호크 #				
wing been name signated in this other agree to co	application, I hereby accept the appointmen	of process for the above stated corporation at the pl at as registered agent and agree to act in this capaci- tive to the proper and complete performance of my				
	(Registered age)	<u> </u>				

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: A. DIRECTORS LIsa McElhone Chairman: 107 Quayside Drive, Jupiter, FL 33477 Address: __ Vice Chairman: ___ Address: _____ Joe Cole Barleta Director: 205 Arch Street 2nd Floor, Philadelphia, Pk 19106 Address: _____ Jamie McElhone Director: 205 Arch Street 2nd Floor, Philadelphia, Pt 19106 Address: **B. OFFICERS** LIsa McElhone President: 107 Quayside Drive, Jupiter, FL 33477 Address: Vice President: Address: Secretary: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

Director

Director

13. _____ JUE COUT BAUCTA



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMPLETE BUSINESS SOLUTIONS GROUP,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF

DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPLETE

BUSINESS SOLUTIONS GROUP, INC." WAS INCORPORATED ON THE TWENTY
FIRST DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204115452

Date: 12-02-19

5055423 8300 SR# 20198378756