

MD5000001876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

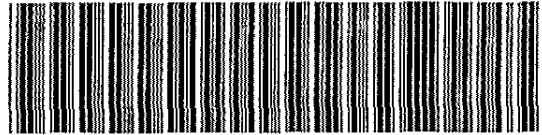
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700049897487

04/08/05--01032--015 **160.00

FILED
05 APR -8 PM 12:19
TALLAHASSEE, FLORIDA

T. Brumbley APR 11 2005



Cornerstone Support, Inc.

Florida Secretary of State
Secretary of State
409 East Gaines St.
Tallahassee, FL 32399

Friday, April 01, 2005

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for KM2 Solutions, LLC. They have hired Cornerstone Support, Inc., to file this on their behalf. If you have any questions please feel free to call me at 770-587-4595.

Please mail any correspondence to:
Cornerstone Support
Lisa Edwards
16 Norcross St.
Suite 101
Roswell, GA 30075

Sincerely,

Lisa Edwards
Licensing Specialist
Cornerstone Support, Inc.

FILED
05 APR -8 PM 12:19
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. KM2 Solutions, LLC
(Name of foreign limited liability company)
2. Delaware 3. 71-0958878
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 1/16/04 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Approval
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 293 Stonegate Drive
Devon PA 19333
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

FILED
05 FEB - 8 PM 12:19
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Debt Collections

Glen D. Myers
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GLEN D. MYERS

Typed or printed name of signee

KM2 Solutions, LLC
LIST OF OFFICERS

PRESIDENT

David Bernard Kreiss
293 Stonegate Drive
Devon PA 19333
610-687-1745
610-254-9338 fax #

VICE PRESIDENT

Glen D Myers
293 Stonegate Drive
Devon PA 19333
610-687-1745
610-254-9338 fax #

TREASURER

William Gary Myers
293 Stonegate Drive
Devon PA 19333
610-687-1745
610-254-9338 fax #

SECRETARY

FILED
05 APR -8 PM 12:19
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT & REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

KM2 Solutions, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

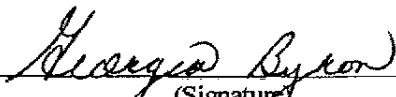
1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.


(Signature)
Georgia Byron, Asst. V.P.

\$100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

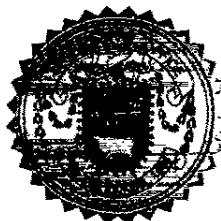
FILED
05 APR -8 PM 12:19
TALLAHASSEE, FLA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KM2 SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2005.



3753776 8300

050223782

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3770027

DATE: 03-28-05