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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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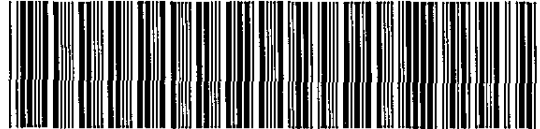
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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N. Culligan OCT 19 2005



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

Monday, October 10, 2005

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for ProLine Solutions Group, 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, Inc.  
Attn: Lisa Edwards  
11111 Houze Rd, Suite 200  
Roswell, GA 30076

Sincerely,

A handwritten signature in cursive script that reads "Lisa Edwards".

Lisa Edwards  
Licensing Specialist  
Cornerstone Support, Inc.

**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. ProLine Solutions Group, LLC  
(Name of foreign limited liability company)
2. NY 3. 20-3255499  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 8/3/05 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. 908 Niagara Falls Boulevard, Suite 245  
North Tonawanda NY 14120  
(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:

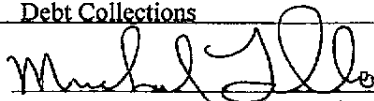
see attached list

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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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



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.)

Michael Lovullo

Typed or printed name of signee

ProLine Solutions Group, LLC  
LIST OF OFFICERS

MANAGER

Patrick Michael Maloney  
908 Niagara Falls Boulevard, Suite 245  
North Tonawanda NY 14120  
716-695-8702

MANAGER

Michael J. Luvullo  
908 Niagara Falls Boulevard, Suite 245  
North Tonawanda NY 14120  
716-695-8702

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**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:

ProLine Solutions Group, 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

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*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)

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

**State of New York  
Department of State } ss:**

*I hereby certify, that PROLINE SOLUTIONS GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/03/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 05th day of October  
two thousand and five.*

Daniel Shapiro  
Special Deputy Secretary of State