

M08000002936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

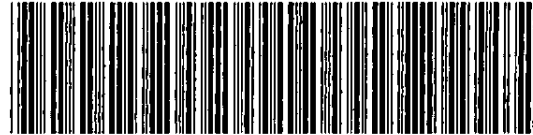
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000131386310

06/19/08--01034--005 \*\*155.00

FILED  
08 JUN 19 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Colligan JUN 20 2008



Florida Division of Corporations  
New Filing Section/Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for National Collection & Loss Mitigation Services, LLC. Please note that I have included a self addressed stamped envelope for your convenience for return proof of filing. 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: Shari Willard  
11111 Houze Rd, Suite 200  
Roswell, GA 30076

**CONFIDENTIALITY NOTICE**

*This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.*

Sincerely,

*Shari Willard*

Shari Willard  
New Client Specialist  
Cornerstone Support, Inc.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** National Collection & Loss Mitigation Services, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Shari Willard  
(Name of Person)

Cornerstone Support, Inc.  
(Firm/Company)

11111 Houze Road, Suite 200  
(Address)

Roswell, GA 30076  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shari Willard at ( 770 ) 587-4595  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

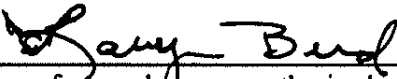
Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. National Collection & Loss Mitigation Services, LLC  
(Name of Foreign Limited Liability Company)
2. CT 3. 26-1685843  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 1/2/08 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, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 9635 Granite Ridge Drive, Suite 350, San Diego, CA 92123  
(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:
- |                    |   |
|--------------------|---|
| <u>Wayne Arute</u> | <u>9635 Granite Ridge Drive, Suite 350, San Diego, CA 92123</u> |
| <u>Larry Bird</u>  | <u>9635 Granite Ridge Drive, Suite 350, San Diego, CA 92123</u> |
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

  
\_\_\_\_\_  
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.)

LARRY BIRD  
\_\_\_\_\_  
Typed or printed name of signee

08 JUN 19 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**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:

National Collection & Loss Mitigation Services, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

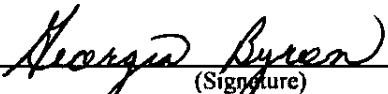
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301

City/State/Zip

FILED  
08 JUN 19 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, Florida Statutes.*

  
(Signature)  
Georgia Byron, Assistant VP

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

NATIONAL COLLECTION & LOSS MITIGATION SERVICES, LLC

a domestic limited liability company, were filed in this office on January 02, 2008.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



---

Secretary of the State

Date Issued: June 10, 2008