# MU800000 3105

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<del></del>
	,	
		1

Office Use Only



600131791266

08 JUN 30 PH 4: 14

ON TALL ALLESSEE FLORIDA

FILED

08 JUN 30 AM 8: 1

ALLAHASSEE, FI OPIN

B. **KOHR**JUL - 1 2008

**EXAMINER** 



ACCOUNT NO. : 072100000032 REFERENCE : 7269114 AUTHORIZATION G COST LIMIT ORDER DATE: June 25, 2008 ORDER TIME : 2:36 PM ORDER NO. : 626036-920 CUSTOMER NO: 7269114 FOREIGN FILINGS NAME: WEST CUSTOMER MANAGEMENT GROUP , LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER:

#### 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:

West Customer Managemer	it Group, LLC						
(Name of Foreign Limited Liability	/ Company; must inch	ide "Limited Li	iability Com	pany," "L.L.	C.," or "I	LLC.")	
If name unavailable, enter alternate name consent of the managers or managing men Company," "L.L.C.," "LLC.")							
2. Delaware		3. 43-1990	049				
(Jurisdiction under the law of which for company is organized)	eign limited liability		(FEI nun	ber, if appli-	cable)		ar.
4. 06/18/2007 (Date of Organization)		Perpetua	ıl	•	ر بسر	. 8	
(Date of Organization)			Year limite	d liability co	npany w	Il cease to	71
•		Oxide of p	v.pv /			30	E
(Date first tra	nsacted business in Fl 08.501 & 608.502 F.S	orida, if prior to	registration	1.) lift()	<del>_</del>	4 =	FILED OF 1
11808 Miracle Hills Drive,			Enaky naoi	nty)	·	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	ρ
					·	9	5
	(Street Address	of Principal Of	fice			Ori	
	•	·	ŕ				
B. If limited liability company is a	manager-managed	company, cl	neck here				
. The name and usual business ad	dresses of the man	aging membe	ers or man	agers are a	s follov	vs:	
West Corporation	11808 Miracl	e Hills	Drive	Omaha,	NE (	68154	
		·	<del></del>				
0. Attached is an original certificate of exist	ence, no more than 90 a	davs old, duly au	sthemicsted i	w the official	having a	statu of ma	ark in
ne jurisdiction under the law of which it is o	rganized. (A photocop	y is not acceptab					100 11
anslation of the certificate under oath of the		•					
1. Nature of business or purposes	to be conducted or	promoted in	Florida:	Telemari	reting	Services	•
		١					
		11/10	3 400 4	··		<del></del> '	
Signature of	a member or an au	thorized repr	eventative	of a memb			
(In accordance wi	ith section 608,408(3), F	.S., the execution	of this docu	nent constitute			
an attirmation un David C. M	ider the penalties of perji Aussman	ary that the tacts	stated herein	are true.)			
	Typed or printed	name of sign	nee	··			

### 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.

I. The name o	of the Limited Liability (	Company is:		
West Custon	ner Management Gro	oup, LLC		
If name unavai	ilable, the alternate nam	e to be used in the	e state of Florida is:	
2. The name a	nd the Florida street add	dress of the registe	ered agent and office are:	
	Corporation Service	e Company		
		(Name)		<del></del>
	1201 Hays Street			
	Florida Stree	et Address (P.O. Box	NOT ACCEPTABLE)	<del></del>
	Tallahassee	FI.	32301	
		City/State	/Zip	
liability compar agent and agree relating to the p obligations of n	ny at the place designate e to act in this capacity proper and complete perf	d in this certificate I further agree to formance of my du	vice of process for the above e, I hereby accept the appoin comply with the provisions o ties, and I am familiar with a for in Chapter 608, Florida Joyce L. Markley as its agent	itment as registerea of all statutes and accept the

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEST CUSTOMER MANAGEMENT GROUP, 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 THIRTIETH DAY OF JUNE, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEST CUSTOMER MANAGEMENT GROUP, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2007.

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

8300

080743467

You may verify this certificate online at corp.delaware.gov/authver.shtml

Varnet Smile Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6698011

DATE: 06-30-08