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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Contact Centers of Americ	ca, LLC		
(Name of Limited Liability Company)			
	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited		
Please return all correspondence concerning this	matter to the following:		
Joseph J. Jacoboni	·		
(N	fame of Person)		
Contact Centers of America, LLC			
(Firm/Company)			
2100 Common Way Road			
(Address)			
Orlando, FL 32814-6337			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Joesph Jacoboni	at (407) 575-5944		
(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: \$\sum_\$125.00 \text{Filing Fee}\$ \$\sum_\$\$ \$\sum_\$130.00 \text{Filing Fee} & \text{Certificate of the following amount:}			

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 S	STATE OF FLORIDA:
1. Contact Centers of America, LLC	
(Name of Foreign Limited Liability Company; must includ	le "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
_{2.} Micigan _{3.}	26-2795201
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. August 5, 2008 or date of registration	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) to determine penalty liability)
_{7.} 2100 Common Way Road	
Orlando, FL 32814-6337	· · · · · · · · · · · · · · · · · · ·
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed c	company, check here 🗸
9. The name and usual business addresses of the management	ging members or managers are as follows:
Joseph J. Jacoboni	
2100 Common Way Road	
Orlando, FL 32814	
10. Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submi	
11. Nature of business or purposes to be conducted or p	promoted in Florida:
Customer Service Call Center	
X	
	norized representative of a member.
	s., the execution of this document constitutes
Joseph J. Jacoboni	y that the facts stated herein are true.)
Typed or printed 1	name of signee

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:
Contact Centers of America, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Joseph J. Jacoboni
(Name)
2100 Common Way Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Orlando, FL 32814 FL 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, Florida Statutes.

X (Signature)

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

PILED

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SECRETARY OF STATE

Lansing, Michigan

This is to Certity That

CONTACT CENTERS OF AMERICA, LLC

was validly organized on June 10, 2008 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereuntc set mand, in the City of Lansing, this 1st day of August, 2008

Bureau of Commercial Services

,Director