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EXAMINER

COVER LETTER

TO:

Registration Section

Divisi	on of Corporations		
SUBJECT:	aw Offices of Ross		
	ľ	Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Florida," a above referenced foreign limited liability company to transact busing	
Please return a	Il correspondence concerning this	matter to the following:	
	Ross Gelfand		
		Name of Person	
	law offices of Ross Gelf	and, LLC	
		Firm/Company	
	1265 Minhinette Dr		
		Address	
	Roswell	GA 30075	
		City/State and Zip Code	
	rgelfand@rgelfand.r	net : (to be used for future annual report notification)	
For further info	ormation concerning this matter, p	SAR	+
ross	Gelfand	at (770) 840-8482 x 4601	₩ [] 9: []
	Name of Person	Area Code & Daytime Telephone Number	ඟ යා
MAII	LING ADDRESS:	STREET ADDRESS:	_
	on of Corporations	Division of Corporations	
=	tration Section Box 6327	Registration Section	
	assee, FL 32314	Clifton Building 2661 Executive Center Circle	
Tunun	113366, 1 12 32317	Tallahassee, FL 32301	
	a check for the following am 00 Filing Fee \$\int\$\$\$\$130.00 Filing	Fee & \$\int\\$155.00\text{ Filing Fee & \$\int\\$160.00\text{ Filing Fee, Certifica}\$	te
	☐ Certificate of S	Status Certified Copy 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. law offices of Ross Gelfand, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Ross Gelfand law offices, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. GA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 58-2392898 (FEI number, if applicable)
4. 1/1/05 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1265 montinette Dr Roswell GA 30075
200 CHARLOS THE Atlanta Co.
(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:
Ross Gelfand , 1265 Minhinette Dr, Roswell GA 30075
STATE OR
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: collection agency
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Typed or printed 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:

LAW offices of Rest Gelfand LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
Incorp Services, Inc.		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		:
Loxanatchee FL 33470 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.	10 DE(
(Signature) Services/nc.	DEC 14 PH S	
/ 2 1	3: @8	70,000

\$ 5.00 Certificate of Status (optional)

Control No. 0473617

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

LAW OFFICES OF ROSS GELFAND, LLC

Domestic Limited Liability Company - + 17%

was formed or was authorized to transact business on 12/16/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of December, 2010

B: P.h

Brian P. Kemp Secretary of State

Certification Number: 6269418-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp