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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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T. CLINE

APR 29 2011

EXAMINER



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

April 25, 2011

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Carson Smithfield, LLC. Please note I have included a stamped self addressed envelope for return proof of filing for your convenience. 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: Janet Teague 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,

Janet Teague

Licensing Specialist

Cornerstone Support, Inc.

COVER LETTER

| - | tration Section on of Corporations | | |
|------------------|--|--|--|
| SUBJECT: | Cars | son Smithfield, LLC | |
| SUBJECT | (N | ame of Limited Liability Company) | |
| Florida," Cert | | Limited Liability Company for Authorization to Tracheck are submitted to register the above referenced n Florida | |
| Please return | all correspondence concer | rning this matter to the following: | |
| | | Janet Teague | T & |
| | | (Name of Person) | SEC SEC |
| Cornerstone Supp | | Cornerstone Support, Inc. | 2011 APR 28 SECRETARY ALLAHASSE |
| (Firm | | (Firm/Company) | (T) = |
| | 11111 Houze Road, Suite 200 | | PM 3: 5 OF STATE |
| | | (Address) | > 0 |
| | | Roswell, GA 30076 | |
| | | (City/State and Zip Code) | |
| For further in | formation concerning this | matter, please call: | |
| J | anet Teague | at (770) 587-4595 | |
| | (Name of Person | (Area Code & Daytime Telephone) | Number) |
| MAII | ING ADDRESS: | STREET ADDRESS: | |
| Divisi | on of Corporations | Division of Corporations | |
| P.O. F | 3ox 6327 | Clifton Building | |
| Tallah | nassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | |
| | check for the following a 5.00 Filing Fee ☐\$130.00 | Filing Fee & S155.00 Filing Fee & S160.00 Filing | g Fee, Certificate latus & 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:

| | | (Name of Foreign Limited Lia | bility Company) | | |
|-----|--|---|--|--|----------|
| | DE | 3. | (FEI numb | 273077093 | |
| (. | (Jurisdiction under the law of w company is organized) | nich foreign limited liability | (FEI numb | er, if applicable) | |
| | 07/19 (Date of Organiz | <u>/2010</u> 5. | Perpetual | | · |
| | (Date of Organiz | ition) | (Duration: Year limited exist or "perpetual") | liability company will co | ase to |
| | Upon Approval | | | | |
| • | (Date (See sec | first transacted business in Flori tions 608.501 & 608.502 F.S. to | da, if prior to registration. determine penalty liabili | TAL SE | 2011 APR |
| | 101 Crossways Park Driv | e W., Woodbury, NY 11797 | | L CRE | .3= |
| | | | | TAR | R 28 |
| • | | (Street Address of | Principal Office) | — M≺ | |
| | If limited liability compan | u ic a manager-managed a | omnony chock hara | T FE'S | PM 3: |
| • | it intitied hability compan | y is a manager-managed of | Jinpany, check here | STAT | ယ္ ဟ |
| • | The name and usual busin | ess addresses of the manag | ging members or mana | igers are as follows: | Ö |
| | CardWorks, Inc. | MGRM 101 Cross | sways Park Drive West | Woodbury NV 117 | 107 |
| | Card works, mc. | WIGINI TOT Cross | ways raik Dilve West | , woodbary, 141 117 | |
| | | | | | |
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| | | | | | |
| ij | jurisdiction under the law of whi | ch it is organized. (A photocopy i | s not acceptable. If the certi | | |
| ij | jurisdiction under the law of whi | ch it is organized. (A photocopy i | s not acceptable. If the certi | | |
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| n | cjurisdiction under the law of whit inslation of the certificate under oa | ch it is organized. (A photocopy i th of the translator must be submit | s not acceptable. If the certited.) | ficate is in a foreign langu | |
| ; j | jurisdiction under the law of whit inslation of the certificate under oa | ch it is organized. (A photocopy i th of the translator must be submit | s not acceptable. If the certited.) | ficate is in a foreign langu | |
| n | e jurisdiction under the law of white relation of the certificate under on . Nature of business or pur | ch it is organized. (A photocopy i th of the translator must be submit | s not acceptable. If the certited.) | ficate is in a foreign langu | |
| n | Signat | ch it is organized. (A photocopy in the of the translator must be submit reposes to be conducted or p | snot acceptable. If the certified.) promoted in Florida: waw- porized representative | ficate is in a foreign langu Debt Collections of a member. | |

Donald M. Berman President of Member, CardWorks, Inc.
Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CARSON SMITHFIELD, 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 TWENTY-FIRST DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARSON SMITHFIELD, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4848340 8300

110440013

AUTHENTYCATION: 8708962

DATE: 04-21-11

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

CERTIFICATE OF DESIGNATION OF 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: | | |
|--|---------------------------------|------------------|
| Carson Smithfield, LLC | | |
| 2. The name and the Florida street address of the registered agent and office are: | 2011 APR 28 SECRETAR' TALLAHASS | and. |
| Corporation Service Company | R 2 HAS | 24.164 24.164 |
| (Name) | m~ | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | PM 3: 50 OF STATE E. FLORIDA | September 1 |
| Total Silver Addition (1701 Box 1101 III) | DE A | |
| Tallahassee, FL 32301 | | |
| 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 us 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.

Ly Constante (Signature)

Lynn Cannelongo, 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)