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	(Requestor's Name)	
***************************************	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	☐ PICK-UP ☐ WAIT ☐ MAIL	
	(Business Entity Name)	
	(Document Number)	
	Certificates of Status	
	Special Instructions to Filing Officer:	
	Office Use Only	



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COVER LETTER

OF the KELOGE	TeleTech Transition Services, LLG	C
SUBJECT:		Name of Limited Liability Company
The enclosed Existence, an	I "Application by Foreign Limited and check are submitted to register the	Liability Company for Authorization to Transact Business in Florida," Certificate on the above referenced foreign limited liability company to transact business in Floridation.
Please return	all correspondence concerning this	s matter to the following:
	William H. Brierly	
		Name of Person
	TeleTech / Legal Department	
		Firm/Company
	9197 S. Peoria Street	
		Address
	Englewood, CO 80112	
		City/State and Zip Code
	william.brierly@teletech.com	
	E-mail addres	s: (to be used for future annual report notification)
For further in	formation concerning this matter, p	please call:
Elisa Bogert		at (303) 397-8451
	Name of Person	Area Code & Daytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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:

LIVITED LIABILITY CONFAINT TO TRAINSACT BUSINESS	IN THE STATE OF FLORIDA;
!. TeleTech Transition Services, LLC	
(Name of Foreign Limited Liability Company; mu	ist include "Limited Liability Company," "L.L.C.," or "LLC.")
•	
(If name unavailable, enter alternate name adopted for the	e 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 Colorado	3. <u>45-2433310</u> (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited lia	bility (FEI number, if applicable)
company is organized)	•
4 06/01/2011	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to
	exist or "perpetual")
6.	
(Date first transacted busines	s in Florida, if prior to registration.)
(300 & 100.800 another (300 section)	602 F.S. to determine penalty liability)
7. 9197 S. Peoria Street, Englewood, CO 80112	
(Street A	ddress of Principal Office)
8. If limited liability company is a manager-mar	naged company check here
or in mines maoning company is a manager man	naged company, check here
9. The name and usual business addresses of the	e managing members or managers are as follows:
	, , , , , , , , , , , , , , , , , , ,
TeleTech Services Corporation - Member	
	RIE F
	<u>Α΄ α</u>
10. Attached is an original certificate of existence, no more th	nan 90 days old, duly authenticated by the official having custody of records in
	otocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must l	
11 Name of the control of the contro	A Customer Care Management and
11. Nature of business or purposes to be conduc	red of promoted in Florida: Customer Care Management and
Business Process Outsourcing	
Signature of a member or	an authorized representative of a member.
· · · · · · · · · · · · · · · · · · ·	he execution of this document constitutes an affirmation under the
	n are true. I am aware that any false information submitted in a
•	stitutes a third degree felony as provided for in s.817.155, F.S.)
	of TeleTech Services Corporation (Member)
Typed or pr	rinted 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.

The name of the Limited Liability Company is: TeleTech Transition Services, LLC								
If unavailabl	le, the alternate to be use	ed in the state of Florida is:	1,000 - 1,000					
2. The name	e and the Florida street a	ddress of the registered agent and office are:						
	C T Corporation System							
		(Name)	TALL					
	1200 South Pine Island R	Road	AH.	٦				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				4:-	:			
	Plantation	FI. 33324	- 1,15; - 1,15;	70	1			
		City/State/Zip	STATE LORID,	1 2:48	*			
liability comp agent and agr relating to the	pany at the place designal ree to act in this capacity. e proper and complete pe my position as registere. By: James M	(Signature) (Jartin, Asst. Secretary) (100.00 Filing Fee for Application	is register atutes cept the	_ •				
		25.00 Designation of Registered Agent 30.00 Certified Copy (optional)						

5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

TeleTech Transition Services, LLC

is a **Limited Liability Company** formed or registered on 06/01/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111320896.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/08/2011 that have been posted, and by documents delivered to this office electronically through 06/10/2011 @ 14:35:19.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/10/2011 @ 14:35:19 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7967506.



11 JUN 14 PH 2:49
SECREMANY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State of the State of Colorado

************End of Certificate*************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site. http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."