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PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
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SECRETARY OF STATE
TALLAHASSEF FLORIE



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

August 20, 2012

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for M. Callaghan & Assoc., LLC. 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 70 Mansell Court, Suite 250 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

	Registration Section Division of Corporations			
SHD JU/	M. Callaghan & Assoc., LLC			
SUBJEC	T:Name of Limited Liability Company			
The enclo	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and check are submitted to register the above referenced foreign limited liability company to transact busi	" Certific ness in F	ate of Iorida	
Please ret	urn all correspondence concerning this matter to the following:			
	Janet Teague			
	Name of Person			
	Cornerstone Support, Inc.			
	Firm/Company			
	70 Mansell Court, Suite 250			
	Address			
	Roswell, GA 30076			
	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For furthe	er information concerning this matter, please call:			
	Janet Teague at (770)587-4595			
-	Name of Person Area Code & Daytime Telephone Number			
Î !	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	TAS		
	Tallahassee, FL 32301	SECRE	2 AUG	· market
	ed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy		621 PM 3:1	

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 LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: M. Callaghan & Assoc., LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting business in Plorida 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,") 264510808 NY (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual 03/19/2009 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) 30 Hazelwood Dr., Ste. 112, Amherst, NY 14228 (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: 30 Hazelwood Dr., Ste. 112, Amherst, NY 14228 MGRM Mark W. Byer 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: _____ Debt Collections 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 facis stated herein are true, I am aware that any false information submitted in The document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.51) Mark W. Byer

Typed or printed name of signec

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 t	he Limited Liability Company is:	
M. Callagha	n & Assoc., LLC	********
If unavailable, th	c 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:	
	Corporation Service Company	
•	(Name)	
	1201 Hays Street	
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FL 32301 Clty/State/Zip	
	City bada sip	

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.

(Signature) Karin L. Dunn, 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)

State of New York Department of State } ss:

I hereby certify, that M. CALLAGHAN & ASSOC., LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/19/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of August two thousand and twelve.

First Deputy Secretary of State