M12000001307

(Requestor's Name)		
(Address)		
(Address)		
·		
(City/State/Zip/Phone #)		
_		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
•		
<u>.</u>		

Office Use Only



800243737248

02/28/13--01002--013 **1076.25

PILEU

2013 FEB 28 PM 3: 2

SECKETARY OF STATE

CR2E027 ((9/1	0)

COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT:	BPO Partners LLC	
	Name of Limited Liability Company	

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please

Please return all correspondence concerning this m	natter to the following:				
Mark Lazzara					
	Name of Person				
BPO Partners I	BPO Partners LLC				
	Firm/Company				
15225 Fairfax l	_ane				
	Address				
Alpharetta, GA	30004				
	City/State and Zip Code				
mark@bpopart					
E-mail address:	(to be used for future annual report notification)				
For further information concerning this matter, ple	ase call:				
Mark Lazzara	at (404) 375-5220				
Name of Person	Area Code & Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations				
Registration Section	Registration Section				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
•	Tallahassee, FL 32301				

Enclosed is a check for the following amount:

□ \$130.00 Filing Fee & □ \$125.00 Filing Fee Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

į,



February 25, 2013

MARK LAZZARA 15225 FAIRFAX LANE ALPHARETTA, GA 30004

SUBJECT: BPO PARTNERS LLC Ref. Number: W13000011151

We have received your document for BPO PARTNERS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 213A00004462

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 LIARII ITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN	THE	STATE OF FLORIDA:		
1. BPO Partners LLC (Name of Foreign Limited Liability Company; must i	nclud	e "Limited Liability Company," "L.L.C.," or "LLC	")	-
(If name unavailable, enter alternate name adopted for the puconsent of the managers or managing members adopting the Company," "L.L.C," "LLC.") 2. Georgia	altern	of transacting business in Florida and attach a copate name. The alternate name must include "Limite 27-3224086	y of the ved Liabili	written ty
(Jurisdiction under the law of which foreign limited liabili company is organized)	īy J.	(FEI number, if applicable)		•
_{4.} March 2010	5.	Perpetual		
(Date of Organization)	ο.	(Duration: Year limited liability company will exist or "perpetual")	cease to	_
_{6.} Jan 2011				_
(Date first transacted business in (See sections 608.501 & 608.502	n Flor F.S.	ida, if prior to registration.) to determine penalty liability)	· • ·	_
_{7.} 15225 Fairfax Lane			SEC	2813
				E 3
(Street Add	ress o	f Principal Office)		28
8. If limited liability company is a manager-manage	ged c	company, check here	OF STA	위 3:
9. The name and usual business addresses of the n	nana	ging members or managers are as follows:	A A	2 6
Mark Lazzara - 15225 Fairfax La	ne,	Alpharetta GA 30004		_
Brandy Lazzara - 15225 Fairfax l	_an	e, Alpharetta GA 30004		
				-
10. Attached is an original certificate of existence, no more that the jurisdiction under the law of which it is organized. (A phot translation of the certificate under oath of the translator must be	tocopy	y is not acceptable. If the certificate is in a foreign lar	-	
11. Nature of business or purposes to be conducte	d or	promoted in Florida:		_
Consulting Services				_•
	>	33		
		norized representative of a member.		
penalties of perjury that the facts stated herein a document to the Department of State consti	re true	tion of this document constitutes an affirmation under the I am aware that any false information submitted is a third degree felony as provided for in s.817.155,	n a	
Mark Lazzara				

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 BPO Partr	e Limited Liability Company is: ers LLC	
If unavailable, the	alternate to be used in the state of Florida is:	
2. The name and	he Florida street address of the registered age	ent and office are:
· 7	odd Shull	728 LE
-	. (Name)	Fig. R
5	441 5th Ave	STA STA
_	Florida Street Address (P.O. Box NOT Ad	CCEPTABLE)
<u>F</u>	t Lauderdale FL 333	334

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)

\$ 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 GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 10021394

DATE INC/AUTH/FILED : 3/20/2010 12:00:00 AM

JURISDICTION : Georgia

PRINT DATE : 2/15/2013 4:44:14 PM

Mark Lazzara 15225 Fairfax Lane Alpharetta, GA 30004

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BPO PARTNERS LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.



Brian P. Kemp Secretary of State

B: Ph

Tracking #: x8v9rjpN