

MIS00000485 7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

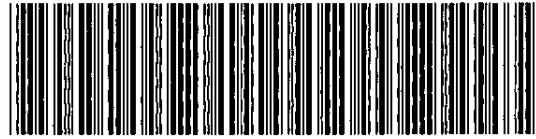
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 11 2015
W PAINTER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Qualfon Data Services Group, 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 return all correspondence concerning this matter to the following:

Holly Stroud

Name of Person

Holly Stroud Law Office, LLC

Firm/Company

3525 Piedmont Road, Building 7, Ste 300

Address

Atlanta, GA 30305

City/State and Zip Code

hollystroud@stroudlawoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Stroud

404

400-1803

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

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
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Qualfon Data Services Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York (Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-5732680 (FEI number, if applicable)

4. May 25, 2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 77 Mack Walters Road, Suite 200
Shelbyville, KY 40065 (Street Address of Principal Office)

6. 77 Mack Walters Road, Suite 200
Shelbyville, KY 40065 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Paracorp Incorporated
Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301 (City) (Zip code)

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TALLAHASSEE, FLORIDA

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SEE ATTACHED
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Mike Marrow, Chief Executive Manager, 20283 State Road 7, Suite D-15, Boca Raton, Florida 33498

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Holly Stroud
Signature of an authorized person

(In accordance with section 605.0203, 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.)

Holly Stroud
Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 5/29/2015

ENTITY NAME: QUALFON DATA SERVICES GROUP, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st.Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.



Sharon Cooke, Assistant Secretary
Paracorp Incorporated

15 JUN - 8 AM '15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

State of New York
Department of State } **ss:**

I hereby certify, that DATA CONTROL SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/13/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment DATA CONTROL SOLUTIONS, LLC, changing its name to DATA CONTROL GROUP, LLC, was filed 09/04/2012.

A Certificate of Amendment DATA CONTROL GROUP, LLC, changing its name to QUALFON DATA SERVICES GROUP, LLC, was filed 12/04/2013.



* * *

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 22nd day of May two
thousand and fifteen.*

Anthony Scardino

Executive Deputy Secretary of State