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#### **COVER LETTER**

TO:

	TeleTech Financial Services Manag	rement LLC
SUBJECT:		ame of Limited Liability Company
		ability Company for Authorization to Transact Business in Florida," Certificate o above referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this r	matter to the following:
	Elisa Bogert	
		Name of Person
	TeleTech Legal Department	
		Firm/Company
	9197 S. Peoria St.	
		Address
	Englewood, CO 80112	
		City/State and Zip Code
	elisa.bogert@teletech.com	
		ss: (to be used for future annual report notification)
or further inf	formation concerning this matter, pla	ease call:
Elisa	Bogert	at ( 303 ) 397-8451
	Name of Contact Person	at (303 ) 397-8451 Daytime Telephone Number
	LING ADDRESS:	STREET ADDRESS:
	sion of Corporations	Division of Corporations
	stration Section Box 6327	Registration Section
	hassee, FL 32314	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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate name adopted for the purpose ability Company," "L.L.C," or "LLC.")	of transa	acting bu	siness in	Florida. T	he alterna	te name m	ust includ	le "Limite
Delaware	3	91-2089	159					
(Jurisdiction under the law of which foreign limited liability company is organized)				(FEI nur	nber, if ap	plicable)		
(Date first transacted business (See sections 605.0904 & 605.09	s in Flor 905, F.S	orida, if pr S. to deter	or to remine pe	gistration.) nalty liabil	lity)			
9197 S. Peoria Street, Englewood, CO 80112								
(Street Add	lress of I	Principal	Office)					
9197 S. Peoria Street, Englewood, CO 80112								
							<del>ੂ</del>	
	<del></del>						<i>I</i> U,	
(M	iailing A	Address)					5	190
. The name, title or capacity and address of the p	erson(	ı(s) who	has/h	ave autl	nority to	manag	e is/are	
eleTech Services Corporation (Member), 9197 S. Peoria St	treet, Er	inglewoo	d, CO 8	80112			Ö	
• • • • • • • • • • • • • • • • • • • •							<del>-</del> 8	*
							ed by th	

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.)

Elisa Bagut, Asst. Secretary
Typed or printed name of signee

# Delaware

PAGE '

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELETECH FINANCIAL SERVICES MANAGEMENT, 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 NINTH DAY OF JUNE, A.D. 2015.

3323158 8300

150764990

AUTHENTY CATION: 2449515

DATE: 06-09-15

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

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

TeleTech Fina	ncial Services Management,	LLC
If unavailabl	le, the alternate to be use	ed in the state of Florida is:
2. The name	and the Florida street a	address of the registered agent and office are:
	C T Corporation Syster	n
		(Name)
	1200 South Pine Island	
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation	FL 33324
		City/State/Zip
liability comp registered ag statutes relat	pany at the place designo ent and agree to act in ti ing to the proper and co	ent and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida
	C T Corporation Sys By:	(Signature) Stephanie Boehm, Asst. Secretary
	<b>s</b> :	100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)