

M17000007252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

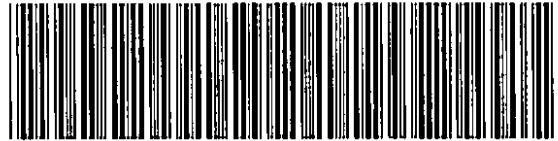
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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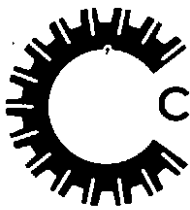


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TALLAHASSEE FLORIDA

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AUG 10 2018



## Cornerstone Support, Inc.

LICENSING • INSURANCE • COMPLIANCE

Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

August 01, 2018

Florida Division of Corporations,

Please find enclosed the certificate of authority application and filing fee for Genpact Collections LLC. They have hired Cornerstone Support, Inc. to file this on their behalf. I have provided a stamped self-addressed envelope for return proof of filing for your convenience. If you have any questions, please feel free to call me at 678-710-6155 or email me at [rwhite@cornerstonesupport.com](mailto:rwhite@cornerstonesupport.com).

Please mail any correspondence to:  
Cornerstone Support, Inc.  
Attn: Rasheda White  
70 Mansell Court, Suite 250  
Roswell, GA 30076

### CONFIDENTIALITY NOTICE

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Sincerely,

Rasheda White  
Licensing Specialist  
Cornerstone Support, Inc.

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Genpact Collections LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rasheda White

Name of Person

Cornerstone Support, Inc.

Firm/Company

70 Mansell Court, Suite 250

Address

Roswell, GA 30076

City/State and Zip Code

rwhite@cornerstonesupport.com

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

For further information concerning this matter, please call:

Rasheda White

Name of Person

at ( 770 ) 587-4595

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Genpact Collections LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

335 New Commerce Blvd Wilkes-Barre, PA 18706

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

335 New Commerce Blvd Wilkes-Barre, PA 18706

2. The Florida document number of this limited liability company is: M17000007252

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 08/23/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Genpact Collections LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the 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 contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

Florida

City:

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President/Sole Officer</u>	<u>Prasad Veerapaneni</u>	<u>3820 Courson St., Marietta, GA 30066</u>	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>President</u>	<u>Victor Francis Guaglianone</u>	<u>324 East 41st Street #701 C New York, NY 10017</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Vice President/Secretary</u>	<u>Heather Diana White</u>	<u>149 Willow Street, Apt. 2D Brooklyn, NY 11201</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Prasad Veerapaneni  
Signature of the authorized representative

Prasad Veerapaneni  
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE

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