M18000001494

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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O SIMMONS FEB 1 3 2019



January 31, 2018

JANET TEAGUE 70 MANSELL CT, STE 250 ROSWELL, GA 30076

SUBJECT: IQOR HOLDINGSUS LLC

Ref. Number: W18000010318

We have received your document for IQOR HOLDINGSUS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is F14000003325.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 418A00002119

RECEIVED FEB 0 9 2018

COVER LETTER

TO:

Registration Section Division of Corporations

	Name o	f Limited Liability Company	
	Application by Foreign Limited Liability Corcheck are submitted to register the above ref		
lease return al	Il correspondence concerning this matter to the	ne following:	
	Janet Tengue		
		Name of Person	
	Cornerstone Support, Inc.		
		Firm/Company	
	70 Mansell Court, Suite 250		
		Address	
	Roswell GA 30076		
	City	/State and Zip Code	
	licensing@jqor.com		
	E-mail address: (to be u	sed for future annual report no	tification)
or further info	ormation concerning this matter, please call:		
Corne	erstone Support, Inc. Attn: Janet Teague	770 587-45	95
	Name of Contact Person		ytime Telephone Number
Divisi Regisi P.O. E	ANG ADDRESS: on of Corporations tration Section Box 6327 nassee, FL 32314	Division Registrat Clifton E 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, F1, 32301
	heck for the following amount: 25.00 Filing Fee	■ \$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 COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. iQor Holdings US LL (Name of Foreig		liability Company; must include "Limi	ited Liabilii	y Company," "L L C.," or "Ll.C.")		
	name adopte	ed for the purpose of transacting business in F			ility Company," "	"L.L.C," or "LLC.")
2. DE		n limited liability company is organized)	3.	364663504		<u> </u>
(Juristifiction takter the law of	which imeigi	n limited liability company is organized)		(FEI marnio	er, if applicable)	
4. Upon Approval						
· -	(Dat (See	e first transacted business in Florida, if prior sections 605,0904 & 605,0905, F.S. to deter	to registratio	n) Biobulity)		
£	,					
5. (Street Address o	f Principal Of	ffice)	6.	(Mading Addr	ess) ,	
200 Central Avenue Suite 700				200 Central Avenue Suite 7	00	
Saint Petersburg, FL 33701			Saint Petersburg, Fl. 33701		- G	
					-	ا ل
7 Name and street addr	van a.£ 171	and a more intermed an acceptance of the con-	N/XT			
7. Name and street additi	<u>ess</u> or ric	orida registered agent: (P.O. Bo	ox <u>not</u>	acceptable)		
Name:	СТС	Corporation System	_			9
	1200	South Pine Island Road				ر. ان
Office Address:	1200	South Fine Island Road				يَّنِي .
	Planta	ation		, Florida <u>33324</u> (Zip cod		-0,
		(Cay)		(Zip cod	:)	
Registered agent's acce		d agent and to accept service o				
and accept the obligatio	ns of me	all statutes relative to the prop	er and co	1	duties, and I	am familiar with
and accept the obligation	ns of me	all statutes relative to the prop	er and co	omplete performance of my o	duties, and I	am familiar with
and accept the obligation	ns of my By: C	all statutes relative to the prop	wignanire)	mplete performance of my James Assista	duties, and I S.M. Ho ant_Secre	am familiar with
and accept the obligation 8. The name, title or cap	ns of my By: C	all statutes relative to the propposition as registered agent. T Corporation System (Registered agent) d address of the person(s) who Name and Address:	wignanire)	mplete performance of my James Assista	duties, and I S.M. Ho ant_Secre	am familiar with alpin etary
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Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IQOR HOLDINGS US 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 FOURTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corn delaware gov/au

Authentication: 201919164

Date: 01-04-18