

M19000001224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

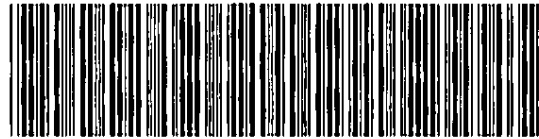
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



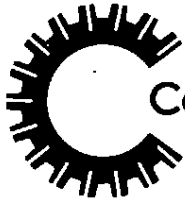
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01/28/19--01003--010 **155.00

2019 JAN 28 A 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2/4/19



Cornerstone Support, Inc.

LICENSING • INSURANCE • COMPLIANCE

Florida Division of Corporations
New Filing Section/Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

January 24, 2019

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Columbia Debt Recovery, LLC. They have hired Cornerstone Support, Inc. to file on their behalf. If you have any questions, please feel free to reach out to me at mwalters@cornerstonesupport.com or (678) 680-6080.

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

Sincerely,

Meredith Walters
Licensing Specialist
Cornerstone Support, Inc.

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2019 JAN 28 AM 8:26
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Columbia Debt Recovery, 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:

<u>Meredith Walters</u>
Name of Person
<u>Cornerstone Support, Inc.</u>
Firm/Company
<u>70 Mansell Court, Suite 250</u>
Address
<u>Roswell, GA 30076</u>
City/State and Zip Code
<u>Michael@genesiscres.com</u>
E-mail address: (to be used for future annual report notification)

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2019 JAN 28 A 8:26
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

<u>Cornerstone Support, Inc. Attn: Meredith Walters</u>	at (<u>678</u>)	<u>680-6080</u>
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:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Columbia Debt Recovery, 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. WA 3. 81-5086673
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 7100 Evergreen Way, Ste C, 6. 7100 Evergreen Way, Ste C,
(Street Address of Principal Office) (Mailing Address)

Everett, WA 98203

Everett, WA 98203

7. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Corporation Service Company

Name: _____

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 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.

Lynn Cannelongo Lynn Cannelongo, Assistant VP
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member/Chief Executive Officer</u>	<u>Jose Salas</u>	<u>President</u>	<u>William Paul Wojdak</u>
	<u>7100 Evergreen Way, Ste C</u>		<u>7100 Evergreen Way, Suite C</u>
	<u>Everett WA 98203</u>		<u>Everett WA 98203</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

William Paul Wojdak
Signature of an authorized person

William Paul Wojdak
Typed or printed name of signer

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

COLUMBIA DEBT RECOVERY, LLC

FILED
2019 JAN 28 A 8:26
CLERK OF THE COURT
JULIA M. BROWN

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/10/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/24/2019
UBI Number: 604 074 740



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 01/24 2019