# 11900003474

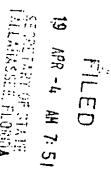
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
RASign, cert W19-28911

Office Use Only



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U3/13/19--01019--004 \*\*155.00



A ....



March 23, 2019

MEREDITH WALTERS 70 MANSELL CT, STE 250 ROSWELL, GA 30076

SUBJECT: HARVARD COLLECTION SERVICES, LLC

Ref. Number: W19000028911

We have received your document for HARVARD COLLECTION SERVICES, 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 registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 119A00005785

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

#### COVER LETTER

TO:

то:		stration Section ion of Corporatio	ns				
SUBJE	:CT: _	Harvard Colle	ction Services, LLC	imited Liability (			
			Name of 1	Timited Figority (	-ombany		
			reign Limited Liability Comp ed to register the above refere				
Please	return a	ill correspondence	concerning this matter to the	following:			
			Merec	lith Walters			
			Na	ime of Person			
			Cornerstone	Support, Inc.			
			Fi	rm/Company			
			70 Mansell C	ourt, Suite 250			
				Address			
			Roswell, GA	30076			
		<del></del>	City/St	ate and Zip Code			
			sjalac@harvard				
			E-mail address: (to be used	for future annual	report not	(fication)	
For fur	ther inf	ormation concernin	ig this matter, please call:				
	Corne	erstone Support, It	ic. Attn: Meredith Walters	at ( 678	) 68	0 - 6080	
		Name (	of Contact Person	Area Code	Day	time Telephone Number	
		LING ADDRESS: ion of Corporation				ADDRESS: of Corporations	
	_	tration Section Box 6327				ion Section	
		hassee, FL 32314				ecutive Center Circle see, FL 32301	
Enclose		heck for the follow					
	□ \$1.	25.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155,00 Filir Certified Copy	ig Fee &	S160.00 Filing Fee, Cer of Status & Certified Cop	

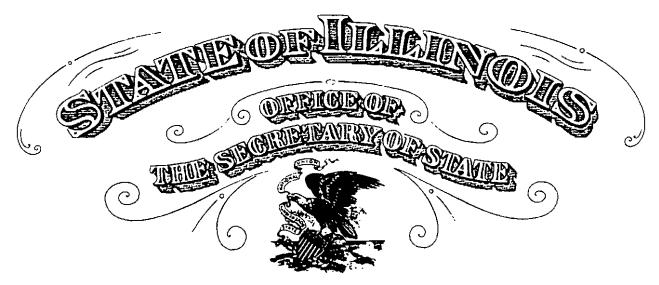
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

nama unavailable, enter alternate na	me adopted for the purpose of transacting business in F	kuida. The alternate name must include "	Lázzžed Liability	Company, ""LL.C," or "LLC."
Illinois		36-3191725		
(Jurisdiction under the law of nh	ich foreign limited liability company is organized)		(PEI number, il	applicable)
Upon Approval				
	(Date that transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) rans penalty hability)		<del>-</del>
4839 N Elston Aven	ue,	6. 4839 N Elston A	venue.	
(Street Address of Pi	riscipal Office)	6. 4839 N Elston A	(ading Address)	<u>ه</u> يد
Chicago, IL 60630				<u> </u>
Calcago, 11,00030		Chicago, IL 606	30	
Name and street address	of Florida registered agent: (P.O. Bo	NOT A LL X		
1.4000 4110 3110c; 200105;	Corporation Service Company	k <u>NOT</u> acceptable)		
Name:				
Office Address:	1201 Hays Street			一 芦油 军
	Tallahassee	, Florida	32201	
			34301	
ving been named as reg ignated in this applicati omply with the provisto	(City)  ance: istered agent and to accept service of ion, I hereby accept the appointment of my position as registered agent.  (Refunded spect)	process for the above stated is registered agent and agree and complete performance Lynn Cannelong	e to act in th of my dutte	his capacity. I further 25, and I om familiar t
ngnated in this application of the provision of accept the obligations (  The name, title or capac	since: istered agent and to accept service of ion, I hereby accept the appointment of us of all statutes relative to the proper of my position as registered agent.	process for the above stated is registered agent and agree and complete performance  Lynn Cannelong	United Hab to act in th of my dutie	his capacity. I further 25, and I om familiar v
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### File Number

0732486-3



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HARVARD COLLECTION SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 31, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of FEBRUARY A.D. 2019.

Authentication #: 1905700970 venfiable until 02/26/2020 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE