M22000015000

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

Office Use Only



200388934732

06/13/22--01017--025 **125.00

PLOCETARY OF STATE

AND FILED

Ab 8 8 5055

COVER LETTER

UBJECT: Name	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Florida.	
ease return all correspondence concerning this matter to	o the following:	
Chris Stinnett		
	Name of Person	
The Call Center Group, LLC		
<u> </u>	Firm/Company	
90 Whiting Street		
	Address	
Plainville, CT 06062		
C	City/State and Zip Code	
chris.stinnett@callcentergroup.net		
E-mail address: (to be	e used for future annual report notification)	
r further information concerning this matter, please ca	AL:	
Chris Stinnett	314 740-9482 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	
Tallahassee. FL 32314 Enclosed is a check for the following amount:	Tallahassee, FL 32303	
Please make check payable to: FLORIDA DEI ■ \$125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificat	

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

IN COMPLANCE 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:

The Call Center Group	, LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Compa	iny," "L L.C ," or "LLC.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida The alternate	name must include "Limited Li.	ability Company," "L.L.C.	" or "L!.C.")
Delaware			016114		•
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI numb	er, if applicable)	
04/04/2022 4.					
4.	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ne penalty liability)			
221 N Broad Street 5.		90 Wł 6.	niting Street		
(Street Address of Principal Office)		()	Mailing Address)		
Suite 3A		Plainv	ille, CT 06062		
Middletown, DE 19709)		•	2	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	able)	2022 SEP 16 31 (336 17.31) 1 ALL AHASSI	APP
Name:	Gary Reach		-	City est	03. NO VE
Office Address:	27553 River Reach Drive		-	AHII: 37	<i>(</i> ,
	Bonita Springs		34134 _, Florida		
	(City)		(Zip code)		

Registered agent's acceptance:

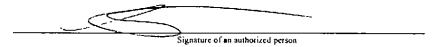
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Gary Reach	■Manager	Name: Amanda Stedman
■Member	Address: 90 Whiting Street	□Member	Address: 90 Whiting Street
□Authorized	Plainville, CT 06062	□Authorized	Plainville, CT 06062
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Chris Stinnett	□Manager	Name:
□Member	Address: 3912 Ritz Center	□Member	Address:
Authorized	Saint Louis, MO 63125	□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
•		•	
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE CALL CENTER GROUP 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 TWENTY-SECOND DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE CALL CENTER GROUP LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2022.

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

THE STATE OF THE S

Authentication: 204212183

Date: 08-22-22