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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Continental Service Group, LLC					
	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in Fl				
Please	return all correspondence concerning this matter	to the following:				
	Meredith Walters					
		Name of Person				
	Cornerstone Support, LLC	Name of Person SECFET TELEPTORE				
	Firm/Company					
	9755 Dogwood Rd., Suite 150	70 J				
		Address				
	Roswell, GA 30075	i on				
		City/State and Zip Code				
	mwalters@cornerstonesupport.com					
	E-mail address: (to b	be used for future annual report notification)				
For fu	rther information concerning this matter, please ea	all;				
	Meredith Walters	678 680-6080 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address:	Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ce & 🗏 \$155.00 Filing Fee & 🛘 \$160.00 Filing Fee, Certifica				

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:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L. L. C.," or	LLC.")		
ConServe-ARM, LLC					
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fi	orida. The alternate name must include "L	imited Liability Company," "L.L.C," or "LLC.		
Delaware		161265131 3.	2022		
(Jurisdiction under the law of w	rhich foreign limited liability company is organized)	(FEI number, if applicable)		
·	(Date first transacted business in Florida, if prior to				
	(See sections 605.0904 & 605.0905, F.S. to determi	ine penalty liability)	PR A		
200 CrossKeys Office Park		PO Box 7 6. (Mailing Address)	70 0		
Hreet Address of Principal Office)		(Mailing Address)	16 16		
Fairport, NY 14450		Fairport, NY 14450			
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	Corporation Service Company				
	Corporation Service Company 1201 Hays Street				
Name: Office Address:	1201 Hays Street				
		3230 Florida	vI		

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.

Gillian C. Raymond
(Registered agent) signature)

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:	
■Manager	Name: Pamela Baird	□Manager	Continental Service Holdings LLC Name: Pamela Baird, Sole Member
□Member	Address: 63 Cardogan Sq	[XMember	Address: 63 Cardogan Sq
□Authorized	Rochester, NY 14625	□Authorized	Rochester, NY 14625
Person		Person	
Other	Other	□Other	
	Mark Davitt		PR I
≣ Manager	Name: Mark Davitt	□Manager	Name: Kichard Kich
□Member	Address: 321 France Lane	□Member	Address: 1205 Reid Road
□Authorized	Victor, NY 14536	∆uthorized	Churchville, NY-14428
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name: Robert Leni	□Manager	Name:
□Member	Address: 20 Portofino Circle	□Member	Address:
≅Authorized	Henrietta, NY 14467	□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.

Pamela Baird

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CONTINENTAL SERVICE 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 SIXTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTINENTAL SERVICE GROUP, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 202932707

Date: 03-16-23