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Asset Management Outsourcing, Inc.

June 16, 2000

Mr. Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Reference #S77483 Reference #383357

> \$00153904678--4 -05/23/00--90181--001 ****150.00 *****70.00

X

Dear Mr. Toner:

Enclosed please find the applications for qualification for Nationwide Recovery Service, Inc. and Receivia, Inc. Per our discussion on June 14, 2000 the fees for the above referenced applications shall be applied out of the funds previously sent in for the Annual Uniform Business Reports. The four companies that will be affected by these applications are:

General Accounts Service, Inc. 38335 Hospital Support Services, Inc. 577463 First Recovery, Inc. Florida Financial Assistance Specialists, Inc.

If you have any questions, or we need to do anything else to qualify these companies to do business in the State of Florida, please contact me at (770) 514-3942.

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Thank you in advance,	Document LLF.	FQ(P)	FF\$711 00
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Beth A. Dunn	Verifyer Actinowledgement	Hut 13	
Corporate Accountant	A. P. Verifyer		

/ 1. Nationwide Recovery Service, Inc.

which it is incorporated.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of co	THE PARTY AND TH		
Words or sh	proporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or breviations of like import in language as will clearly indicate that it is		
Mariani A.	breviations of like import in language as will clearly indicate that it is a corporation instead of a on or partnership if not so contained in the name at present.)		
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	water at present.)	8	≾s
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(State or cour	ntry under the law of which it is incorporated) 3. (FFI number if and in the law of which it is incorporated)	-	
/===== 01 COB	nity under the law of which it is incorporated)		>-
4. <u>8/17/</u> 98	(FEI number, if applicable)	\odot	RY OF STATE
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	(Diracion; Year corp. Will rease to evice as %-		—≌∽
6. As of the dat	te of this 610-	တ်	≥≥
/Da	or this entity	S	금금
(Date fi	irst transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	\circ	₹``
	(See Sec 110NS 607.1501, 607.1502 and 817.155, F.S.)		− <i>∽</i>
7. 1825 Barrett	Lakes Boulevard, Suite 250		
	30000 200		
Kennesaw, G	70144		_ ,
Transcratto, C	eurgia 30144		
	(Current mailing address)		
	(address)		-
8. All numoses :	supported and and and		
40	authorized under the Georgia Business Corporation Code		
(Purpos	e(s) of corporation authorized in home state or country to be carried out in state of Florida)		
	in nome state or country to be carried out in state of Florida)		•
9. Name and o	Proof 33		
· · · · · · · · · · · · · · · · · · ·	treet address of Florida registered agent: (P.O. Roy or Mail Dans D. 1997)		
	treet address of Florida registered agent; (P.O. Box or Mail Drop Box NOT acceptable)		
Name:	Joseph Smith		
• •			
Office And			
Othice Address:	7067 West Broward Avenue		
	Manager -		
	Plantation Florida 33317		
	1 101100, 10011		
	(Zip code)		
10 10			
10. Kegistered (agent's acceptance:		
Hanley L.	•		
The Deep name	ed as registered agent and to accept service of process for the above stated corporation at the place de hereby accept the appointment as registered agent and agree to act in this concept. I find the place de		
inis application, T	hereby accent the appointment of the store of process for the above stated corporation at the store of		_4_3
with the provisions	of all attentions the approximent as registered agent and agree to get in this agree in the place de	signe	uca in
he obligations of	the strength of the appointment as registered agent and agree to act in this capacity. I further agree to of all statutes relative to the proper and complete performance of my duties, and I am for the proper and complete performance of my duties, and I am for the proper and complete performance of my duties, and I am for the proper and the proper an	O COM	ıply
on confements of t	of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.	and a	ICCent
			recops
	the Vi- Misself Co		
	Josephy. Drie Grang Efective		
	(Registered agent's signature)		
_	C signature)		
1. Attached is a co	entificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Secretary of State or other official having custody of corporate records in the first all the last of the secretary of State or other official having custody of corporate records in the first all the last of the secretary of the secret		
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	January Brauer	mark (6	144 OI

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

Address: 1825 Barrett Lakes Boulevard, Suite 250 Kennesaw, Georgia 30144 Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Gregory M. Shelton Address: 1825 Barrett Lakes Boulevard, Suite 250 Kennesaw, Georgia 30144 Vice President: Secretary: James F. Whalen/Secretary and Chief Financial Officer Address: 1825 Barrett Lakes Boulevard, Suite 250 Kennesaw, Georgia 30144 Treasurer: Address: James F. Whalen/Secretary and Chief Financial Officer NOTE: If nooretary you may glack by Glacedoum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) James F. Whaten, Secretary and Chief Financial Officer		ECTORS (Street address only - P.O. Box NOT acceptable) n: <u>Gregory M. Shelton</u>
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	·	(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 001780578

CONTROL NUMBER : K901552

DATE INC/AUTH/FILED: 01/11/1999

JURISDICTION : GEORGIA

PRINT DATE : 06/26/2000

FORM NUMBER : 211

KING & SPALDING LIBRARY
JUDY ROLAND
191 PEACHTREE ST
ATLANTA, GA 30303

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NATIONWIDE RECOVERY SERVICE, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State