

# FOI 000003848<sup>6</sup>

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Genesis Financial Solutions, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

100004486131--7  
-07/19/01--01064--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Kathryn Freeman

(Name of Person)

Cornerstone Collection Support, Inc.

(Firm/Company)

16 Norcross St. Suite 101

(Address)

Roswell, GA 30075

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Cornerstone Collection Support, Inc.

(Name of Person)

at ( 770 ) 587-4595

(Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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7/20

**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.*

1. Genesis Financial Solutions, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 75-293000-9  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/29/01 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Approval  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 104 E. Beeline Lane  
Harker Heights TX 76548  
(Current mailing address)

8. Bill Collections  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: LEXIS Document Services Inc.  
Office Address: 3953 W.W. Kelley Rd.  
Tallahassee Florida, 32311  
(Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

*Karen Stephenson, Asst Secy*  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Irving Levin

Address: 10300 SW Greenburg Rd.

Suite 550, Portland, OR 97223

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Matt Cassell

Address: 4001 McEwen Dr. Suite #200

Dallas, TX 75244

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: see attachment

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

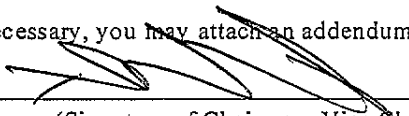
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert C. Schumacher, Vice President

(Typed or printed name and capacity of person signing application)

**Genesis Financial Solutions, Inc.**

**LIST OF OFFICERS**

**President**

Irving J. Levin  
Home Address: 12737 SW Iron Mountain Blvd.  
Portland, OR 97219  
Phone #: 503-697-7511  
SS#: 314-50-1636  
DOB: 5/10/51

**Vice President**

Brian J. Enneking  
Home Address: 12620 SW 9<sup>th</sup> Street  
Beaverton, OR 97005  
Phone #: 503-350-1281  
SS#: 544-15-8672  
DOB: 3/8/72

**Vice President**

Robert C. Schumacher  
Home Address: 704 Bond Street  
Copperas Cove, TX 76522  
Phone #: 254-547-5337  
SS#: 283-58-6807  
DOB: 5/9/57

**Vice President**

Elaine D. Underwood  
Home Address: 103 Oakmont Circle  
Harker Heights, TX 76548  
Phone#: 254-953-2305  
SS#: 259-62-9973  
DOB: 10/27/43

**Vice President**

Vernon O. Fuller  
Home Address: 230 NW 3<sup>rd</sup> Street  
Sherwood, OR 97140  
Phone #: 503-625-1346  
SS#: 550-69-9705  
DOB: 11/22/66

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**Secretary**

**Diana L. Hoff**

Home Address: 10816 SW 64<sup>th</sup> Ave.  
Portland, OR 97219

Phone #: 503-244-1153

SS#: 556-43-2831

DOB: 8/2/64

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TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENESIS FINANCIAL SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2001.

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01 JUL 19 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

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AUTHENTICATION: 1239445

DATE: 07-12-01