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PILED 2001 NOV 27 P 1: 2: SECRETARY OF STATE

11.25-0>

COVER LETTER

TO:

New Filing Section

Division of Corporations

TASECRETARY OF STATE 22 SUBJECT: Axcess Recovery and Credit 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: Eric Detzel (Name of Person) Axcess Financial Services, Inc. (Firm/Company) 5155 Financial Way (Address) Mason, Ohio 45040 (City/State and Zip code) For further information concerning this matter, please call: Eric Detzel at (513) 229-6437 (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: **MAILING ADDRESS:** New Filing Section New Filing Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: **✓** \$70.00 Filing Fee \$78.75 Filing Fee & 578.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Certified Copy

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. Axcess Recovery and Credit Solutions, Inc.

"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

Ohio	_{3.} 26-1340543
State or country under the law of which it	ncorporated) (FEI number, if applicable)
10/31/2007	_{5.} Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
N/A	
	sacted business in Florida, if prior to registration) 07.1501 & 607.1502, F.S., to determine penalty liability)
	Mason, Ohio 45040
	incipal office address)
5155 Financial Wav	Mason, Ohio 45040
	rrent mailing address)
Financial Comisso	The Ta
Financial Services	
	n home state or country to be carried out in state of Florida) AFE SEE SEE SEE SEE SEE SEE SEE SEE SEE S
Name and <u>street address</u> of Florida regi	ered agent: (P.O. Box NOT acceptable)
Name: CT Corpora	tion System 🚆 🔈
ice Address: 1200 South	Pine Island Road
Plantation	, Florida 33324
(Ci	(Zip code)

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.

(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.

$\mathcal{F}_{I_{I}}$
12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Jerry R. Williams Address: 5155 Financial Way
A. DIRECTORS
Chairman: Jerry R. Williams
Address: 5155 Financial Way
Mason, Ohio 45040
Vice Chairman: Stephen J. Schaller
Address: 5155 Financial Way
Mason, Ohio 45040
Director: Jesse Broaders
Address: 5155 Financial Way
Mason, Ohio 45040
Director:
Address:
B. OFFICERS
President: Jerry R. Williams
Address: 5155 Financial Way
Mason, Ohio 45040
Vice President: Jesse Broaders
Address: 5155 Financial Way
Mason, Ohio 45040
Secretary: Stephen J. Schaller
Address: 5155 Financial Way, Mason, Ohio 45040
Treasurer: Robert Neu
Address: 5155 Financial Way, Mason, Ohio 45040
Address:
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors.
13
(Signature of Director or Officer listed in number 12 of the application)
14. Stephen J. Schaller, Secretary (Typed or printed name and capacity of person signing application)
(1) ped of printed name and expansity of person signing application)

UNITED STATES OF AMERICA. STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AXCESS RECOVERY AND CREDIT SOLUTIONS, INC., an Ohio Corporation, Charter No. 1736823, having its principal location in Mason, County of Warren, was incorporated on October 31, 2007, and is currently in GOOD STANDING upon the records of this office.

FILED

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SECRETARY OF STATE
ASSESSES FLORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of November, A.D. 2007.

Ohio Secretary of State

Validation Number: 200731704026