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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

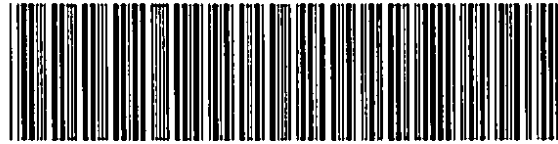
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accredited Collection Service, 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," or "Certificate of Good Standing" 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:

Michelle Krecklow

Name of Person

Accredited Collection Service, Inc.

Firm/Company

PO Box 27238

Address

Omaha, NE 68127

City/State and Zip code

michelle@acsomaha.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Krecklow

Name of Person

at (402) 331-0103

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
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. Accredited Collection Service, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nebraska

(State or country under the law of which it is incorporated)

3. 47-0673327

(FEI number, if applicable)

4. 03/06/1984

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 714 Tara Plaza, Papillion, NE 68046

(Principal office address)

PO Box 27238, Omaha, NE 68127

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

9. **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.

C T Corporation System

By: Agnes Broszczak, Asst Secretary

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Peggy Cox

Address: 714 Tara Plaza

Papillion, NE 68046

Director: Sheila Ware

Address: 714 Tara Plaza

Papillion, NE 68046

B. OFFICERS SEE ATTACHMENT

President: Sheila Ware

Address: 714 Tara Plaza

Papillion, NE 68046

Vice President: Sharon Zelinski

Address: 714 Tara Plaza

Papillion, NE 68046

Secretary: Michelle Krecklow

Address: 714 Tara Plaza, Papillion, NE 68046

Treasurer: Sheila Ware

Address: 714 Tara Plaza, Papillion, NE 68046

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Angela Butera, Attorney-in-Fact

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

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Peggy Cox
Officer/Director: Officer, Director
Officer's Title: Director/Owner
Director's Title: Director
Business Address: 714 Tara Plaza
City: Papillion
State: NE
ZIP Code: 68046
- 2 Full Name: Sheila Ware
Officer/Director: Officer, Director
Officer's Title: President/Treasurer/Director/Owner
Director's Title: Director
Business Address: 714 Tara Plaza
City: Papillion
State: NE
ZIP Code: 68046
- 3 Full Name: Sharon Zelinski
Officer/Director: Officer, Director
Officer's Title: VP/Director/Owner
Director's Title: Director
Business Address: 714 Tara Plaza
City: Papillion
State: NE
ZIP Code: 68046
- 4 Full Name: Michelle Krecklow
Officer/Director: Officer, Director
Officer's Title: CEO/Secretary/Director
Director's Title: Director
Business Address: 714 Tara Plaza
City: Papillion

State: NE
ZIP Code: 68046

18 FEB - 6
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SECRET

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

ACCREDITED COLLECTION SERVICE, INC.

**incorporated on March 6, 1984 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

January 23, 2018



John A. Gale
Secretary of State

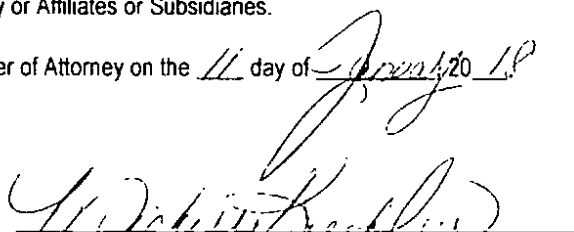
Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT Accredited Collection Service, Inc., ("Entity") an entity organized under the laws of Nebraska, does hereby appoint, Angela Butera, Janis St. Martin, Jennifer Cleveland, Lisa M. Eubanks, while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 11 day of January 2018



Signature of Authorized Entity Representative

Michelle Kreckow, CEO/Secretary/Director

Print Name and Title

Sworn to and subscribed before me
this 11th of Jan, 2018

Notary Public, State of Ne
Commission Expires: 6/24/2020
Sheila R. Ware

