

F18000000648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

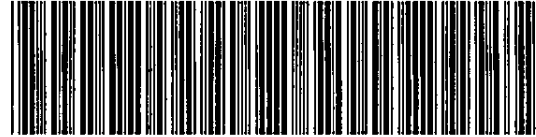
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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APR 20 2018

T. LEMUEUX

ODAPF

Accredited Collection Service, Inc.

**714 Tara Plaza
Papillion, NE 68046**

State of Florida
FL Reg Section Division of Corporations
2661 Executive Center Circle Clifton Building
Tallahassee, FL 32301

RE: Accredited Collection Service, Inc. #F18000000648

To Whom It May Concern:

Enclosed you will find our completed Officer, Director Change Foreign Corporation application.

Please mail all correspondence to:

Michelle Krecklow
Accredited Collection Service, Inc.
PO Box 27238
Omaha, NE 68127

If you have any questions regarding this application, please contact:

Michelle Krecklow
Accredited Collection Service, Inc.
Phone: (402) 331-0103
Fax: (402) 597-8588
Email: michelle@acsomaha.com

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Accredited Collection Service, Inc.

Name of Corporation

DOCUMENT NUMBER: F18000000648

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Krecklow

Name of Contact 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 Contact Person

at (402) 331-0103

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Accredited Collection Service, Inc.
2. This entity was authorized to transact business in Florida on 02/16/2018 and its Florida document number is F18000000648
3. This corporation was formed under the laws of Nebraska
4. The name and address of each officer and/or director is as follows:

Title:

President/Treasurer/Director/Owner

Name and Address

Sheila Ware

714 Tara Plaza

Papillion, NE 68046

Vice President/Director/Owner

Sharon Zelinski

714 Tara Plaza

Papillion, NE 68046

CEO/Secretary/Director/Owner

Michelle Krecklow

714 Tara Plaza

Papillion, NE 68046

(Attach additional pages if necessary)

Angela Butera
Signature of an officer or director

Angela Butera

Typed or printed name of person signing

Attorney-in-Fact

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

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

