

FOOOOOOOOO 4665^u

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Financial Credit Corp.
(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:

Karen Brunewald
(Name of Person)

Financial Credit Corp.
(Firm/Company)

P.O. Box 2040
(Address)

Warren, MI 48090-2040
(City/State/Zip)

100003352781-2
-09/10/00-01087-003
*****70.00 *****70.00

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

Karen Brunewald at (810) 939-9600 x8700
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET 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

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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. Financial Credit Corp.

(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. Michigan

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

3. 38-3364908

(FBI number, if applicable)

4. 6-25-97

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Approximately 10/00

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

7. P.O. Box 2040

Warren MI 48090-2040

(Current mailing address)

8. To acquire and collect on charged off accounts

(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: Rodolfo J Miro

Office Address: 815 Ponce de Leon Blvd.

Coast Gables

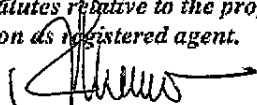
, Florida, 33134

(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.



(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: Rufus H. Reitzel Jr.

Address: 83 shadow lane
Lakeland FL 33813

Vice Chairman: _____

Address: _____

Director: Heather Reitzel

Address: 83 shadow lane
Lakeland FL 33813

Director: _____

Address: _____

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

President: Nathaniel F. Bradley IV

Address: 576 Washington
Grosse Pointe MI 48230

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Mark A. Redman

Address: 8295 Park Drive
Clarkston MI 48348

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

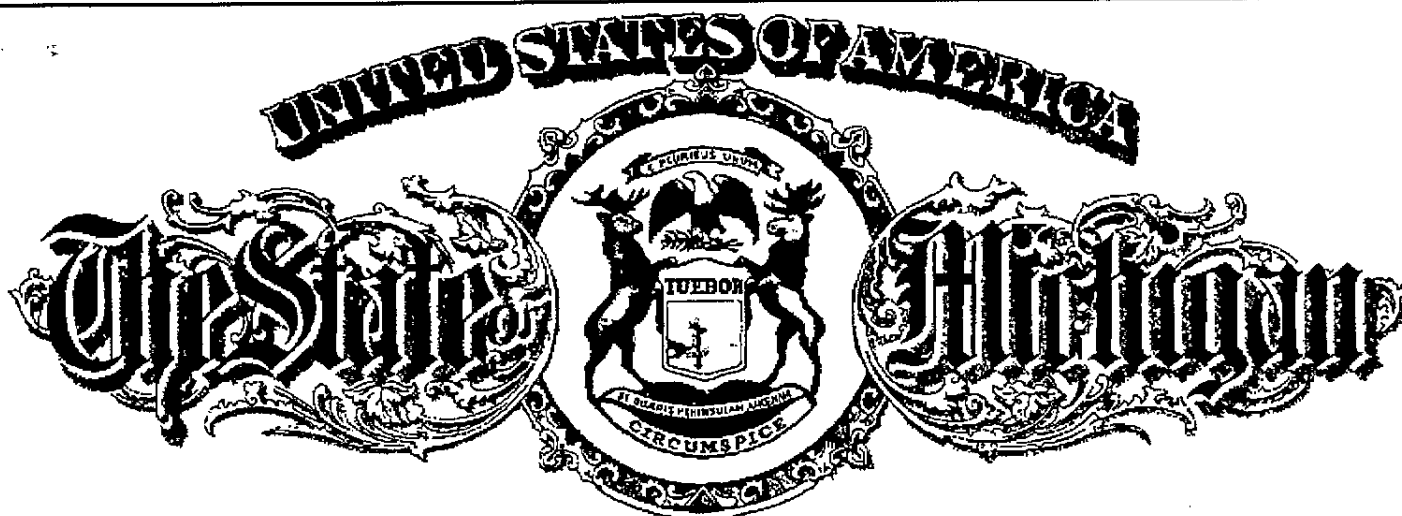
13. N.F. Bradley Pres

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

14. N.F. BRADLEY PRESIDENT

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

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TALLAHASSEE, FLORIDA



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

FINANCIAL CREDIT CORP.

was validly incorporated on June 25, 1997, as a Michigan profit corporation,
and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing
in this office as of this date and is duly authorized to transact business or conduct
affairs in Michigan and for no other purpose. It is in the usual form, made by me
as the proper officer, and is entitled to have full faith and credit given to it in every
court and office within the United States.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 28th day
of June, 2000.

, Director

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Corporation, Securities and Land Development Bureau