

F00000005453

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: FINANCIAL INSTITUTION RECOVERY SERVICES, 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:

ROBERT L. LANE

(Name of Person)

(Firm/Company)

PO BOX 777

(Address)

EASTPOINT, FLORIDA 32328

(City/State/Zip)

200003374522--3
-08/28/00--01076--019
*****78.75 *****78.75

FILED
00 SEP 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LARRY LANE

(Name of Person)

at (850) 670-8630

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

OK
F00-5453

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

FIRS

D/B/A

CLAIM MANAGEMENT

535B Colonial Park Dr., Ste. 101, Roswell, GA 30075 1-800-990-3477 (770) 640-8090 FAX (770) 640-5399

September 26, 2000

Ms. Tammi Cline
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certified Mail
Return Receipt Requested

RE: FINANCIAL INSTITUTION RECOVERY SERVICES, INC.
Your Reference No.: W00000021561

Dear Ms. Cline:

Following receipt of your letter dated August 31, 2000...copy attached, we now enclose the **original** certificate of existence as has now been received from the Georgia Secretary of State.

If there are any further questions, thoughts or concerns, please let us know. Thank you.

Very truly yours,



Ron Fowler

RF:vb

cc: Robert Lane
P.O. Box 777
Eastpoint, FL 32328

FILED
00 SEP 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 31, 2000

ROBERT LANE
P.O. BOX 777
EASTPOINT, FL 32328

SUBJECT: FINANCIAL INSTITUTION RECOVERY SERVICES, INC.
Ref. Number: W00000021561

We have received your document for FINANCIAL INSTITUTION RECOVERY SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 300A00046675

FILED
00 SEP 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 INSTITUTION RECOVERY SERVICES 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. GEORGIA

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

3. 58-2170823

(FEI number, if applicable)

4. 5/1/95

(Date of incorporation)

5. PERPETUAL

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

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 35 ISLAND DRIVE, EASTPOINT, FLORIDA 32328

(Principal office address)

b. PO BOX 777, EASTPOINT, FLORIDA 32328

(Current mailing address)

ANY AND ALL LAWFUL ACTIVITIES OF BUSINESS PERMITTED UNDER THE LAWS
OF THE UNITED STATES, THE STATE OF FLORIDA, AND ANY OTHER STATE
COUNTRY, TERRITORY OR NATION.

8.

(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: RONALD S. FOWLER

Office Address: 35 ISLAND DRIVE

EASTPOINT, Florida 32328
(Zip code)

FILED
00 SEP 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: RONALD S. FOWLER

Address: 35 ISLAND DRIVE

EASTPOINT, FLORIDA 32328

Vice Chairman: _____

Address: _____

Director: LINDA A. FOWLER

Address: 35 ISLAND DRIVE

EASTPOINT, FLORIDA 32328

Director: _____

Address: _____

B. OFFICERS

President: RONALD S. FOWLER

Address: 35 ISLAND DRIVE

EASTPOINT, FLORIDA 32328

Vice President: _____

Address: _____

Secretary: LINDA A. FOWLER

Address: 35 ISLAND DRIVE

EASTPOINT, FLORIDA 32328

Treasurer: LINDA A. FOWLER

Address: 35 ISLAND DRIVE

EASTPOINT, FLORIDA 32328

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

13.  Chairman

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

14. RONALD S. FOWLER, PRESIDENT

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

FILED
NO SEP 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 1995
Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 002650840
CONTROL NUMBER : K515059
DATE INC/AUTH/FILED: 05/08/1995
JURISDICTION : GEORGIA
PRINT DATE : 09/21/2000
FORM NUMBER : 211

CLAIM MANAGEMENT
ATTN: RON FOWLER
535-B COLONIAL PARK DR, STE 101
ROSWELL, GA 30075

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FINANCIAL INSTITUTION RECOVERY SERVICES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State