

FOOOOOOO6858

PREMIER RECOVERY, INC.

525 WEST FIFTH STREET
COVINGTON, KY 41011

September 29, 2000

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find our completed *Transmittal Letter and Application by Foreign Corporation for Authorization to Transact Business in Florida.*

You will also find our check in the amount of \$70.00 and our Certificate of Existence.

Please send any correspondence regarding this filing to:

Terry Thompson
Premier Recovery, Inc.
525 West Fifth Street
Covington, KY 41-11

600003489626--0
-12/06/00--01081--005
*****70.00 *****70.00

If you have any questions regarding this application, please contact Linda Rivera at (952) 928-8000 extension 237.

Sincerely,



Ernest Parton
President

EP/lr

Enclosures

FILED
00 DEC -6 PM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtu
12/12

TELEPHONE: (606) 431-2787

FAX (606) 431-8805

**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. PREMIER RECOVERY, 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. KENTUCKY 61-1072651
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/4/85 PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 525 WEST FIFTH STREET
COVINGTON KY 41011-1262
(Current mailing address)
8. DEBT COLLECTIONS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box acceptable)
Name CORPORATION SERVICE COMPANY
Office Address: 1201 HAYS ST.
TALLAHASSEE, Florida, 32301
(Zip Code)

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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.

Tracy R. Harmon, A.S.
(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: NONE

Address: _____

Vice Chairman: NONE

Address: _____

Director: NONE

Address: _____

Director: NONE

Address: _____

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

President: ERNEST PARTON

Address: 525 WEST 5TH ST., SUITE #110

COVINGTON KY 41011-1262

Vice President: MARY MICHELLE PARTON

Address: 525 WEST 5TH ST., SUITE #110

COVINGTON KY 41011-1262

Secretary: RONALD MC DERMOTT

Address: 27 E. 4TH ST.


COVINGTON KY 41011

Treasurer: MARY MICHELLE PARTON

Address: 525 WEST 5TH ST., SUITE #110

COVINGTON KY 41011-1262

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ERNEST PARTON, PRESIDENT
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



John Y. Brown III
Secretary of State

Certificate of Existence


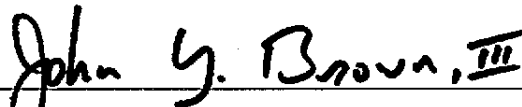
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

PREMIER RECOVERY, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is February 4, 1985 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of October, 2000.



JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
BThompson/0197969

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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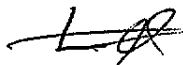
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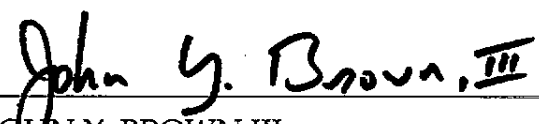
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