F0500006858

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 500003489625--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 PH IO: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97th 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.						
	PREMIER RECOVERY (Name of corporation: must include the word "INCORPORA words or abbreviations of like import in language as will clean natural person or partnership if not so contained in the name	ATED", "COMPANY", "COR rly indicate that it is a corporat at present.)	PORATION" or tion instead of a					
2.	KENTUCKY	61-107265	31					
	KENTUCKY (State or country under the law of which it is incorporated)	61-107265 (FEI number	; if applicable)					
4.	2/4/85 (Date of Incorporation)	PERPET	UAL					
	(Date of Incorporation)	(Duration: Year corp. will c "perpetual")	ease to exist or					
6.	UPON QUALIFICATIONS (Date first transacted business in Florida. (SEE SECTIONS	ON 3 607 1501 607 1502 AND 817	7155 FS)					
			.155,1 .5.)					
7.	525 WEST FIFTH STR	<u>CEET</u>						
	COVINGTON KY 41011-1262							
	(Current mailing	address)	ALI ALI					
8.	DEBT COLLECTION	NS .	RETA Alla					
-	DEBT COLLECTION (Purpose(s) of corporation authorized in home state or composed in home state or	ountry to be carried out in the	state of Elorida					
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NoT Dacceptable)								
	Name CORPORATION SERVICE	E COMPANY	₽F 06					
	Office Address: 1201 HAYS ST.							
	TALLAHASSEE	, Florida,	32301					
10	Registered agent's acceptance:		(Zip Code)					
co reg all	aving been named as registered agent and to accept rporation at the place designated in this application gistered agent and agree to act in this capacity. If it is statutes relative to the proper and complete perform a accept the obligations of my position as registered agent's (Registered agent's	n, I hereby accept the appoint wither agree to comply with mance of my duties, and I d agent.	ointment as th the provisions of					
	0 , 5	,						
11	 Attached is a certificate of existence duly authent 	icated, not more than 90 d	lave 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 NOT accep	addresses of officers and/or directors: (Street address ONLY – P.O. Box otable)
A. DIRECTO	ORS (Street address only-P.O. Box NOT acceptable)
Chairmàn: N	ONE
Vice Chairman	NONE
Address:	
Director: NON	IE
Address:	
<u></u>	
Director NON	E
Address:	
	S (Street address only-P.O. Box NOT acceptable)
	ERNEST PARTON TO S
	525 WEST 5TH ST., SUITE #110
	COVINGTON KY 41011-1262
	MARY MICHELLE PARTON
	525 WEST 5TH ST., SUITE #110 5 5 6 COVINGTON KY 41011-1262 5 6
	RONALD MC DERMOTT
•	27 E. 4 TH ST.
	COVINGTON KY 41011
Treasurer:	MARY MICHELLE PARTON
	525 WEST 5TH ST., SUITE #110
	COVINGTON KY 41011-1262
NOTE: If nece officers and/or	essary, you may attach an addendum to the application listing additional directors.
10	
(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)



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

F0000006858

PREMIER RECOVERY, INC.

525 WEST FIFTH STREET COVINGTON, KY 41011

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Ernest Parton President

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TALLAHASSEE, FLORIDA

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1.	PREMIER RECOVERY	, INC.				
	PREMIER RECOVERY (Name of corporation: must include the word "TNCORPORA words or abbreviations of like import in language as will clean natural person or partnership if not so contained in the name and approximately approxima	TED", "COMPANY", "CORPORATION" or rly indicate that it is a corporation instead of a treesent.)				
2.	<u>KENTUCKY</u>	61-1072651				
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)				
4.	2/4/85	PERPETIIAI				
	2/4/85 (Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")				
6.	UPON QUALIFICATIO (Date first transacted business in Florida. (SEE SECTIONS	N				
7.	525 WEST FIFTH STR	EET				
	COMMICTON 1237 41011 1262					
		11-1262 — S S S				
		ddress) ALL AIA				
8.	DEBT COLLECTION	S				
8. DEBT COLLECTIONS (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Elorida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Not acceptable)						
	Name CORPORATION SERVICE	COMPANY SH S				
	Office Address: 1201 HAYS ST.	- ** * 31				
	TALLAHASSEE	, Florida,				
10.	Registered agent's acceptance:	(Zip Code)				
Ha cor reg all and	tving been named as registered agent and to accept sometion at the place designated in this application, sistered agent and agree to act in this capacity. I function statutes relative to the proper and complete perform accept the obligations of my position as registered [May Not the Complete of the co	I hereby accept the appointment as ther agree to comply with the provisions of tance of my duties, and I am familiar with agent. A-S. (gnature)				
ıl.	Attached is a certificate of existence duly authentic delivery of this application to the Department of Strong official having custody of corporate records in the	ate, by the Secretary of State or other				

1

incorporated.

12. Names NOT a	and addresses of officers and/or directors: (Street address ONLY – P.O. Box cceptable)	•	
A. DIREC	CTORS (Street address only-P.O. Box NOT acceptable)		
Chairmán:	NONE		
Vice Chairn	nan: NONE		
Director: N	IONE		
_			
Director_N	ONE		
-		-r -	
B. OFFIC	ERS (Street address only-P.O. Box NOT acceptable)		750 ·
President:	ERNEST PARTON 50 8	-	-
Address: _	525 WEST 5TH ST., SUITE #110	-71	-
	COVINGTON KY 41011-1262		
Vice Preside	ent: MARY MICHELLE PARTON	П	
Address:	525 WEST 5TH ST., SUITE #110	,	-
	COVINGTON KY 41011-1262 夏哥 🖁		٠ ـ
Secretary:	RONALD MC DERMOTT	,	
Address:	27 E. 4 TH ST.	•	
	COVINGTON KY 41011		
	MARY MICHELLE PARTON		
Address:	525 WEST 5TH ST., SUITE #110		4 7 - 4
	COVINGTON KY 41011-1262		·_ · .
NOTE: If no officers and/o	ecessary, you may attach an addendum to the application listing additional or directors.		
12			
13. (Signatu	re 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)	-	

. 2. .



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Secretary of State

Commonwealth of Kentucky

BThompson/0197969