

FOOOOOOO 7082

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: National Asset 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:

Michael Juniewicz  
(Name of Person)  
National Asset Recovery Services, Inc.  
(Firm/Company)  
733 Crown Industrial Ct., Unit G  
(Address)  
Chesterfield MO 63005  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 18 AM 11:27

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

Michael Juniewicz at ( ) 636-530-7985  
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER 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

**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. National Asset 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. MO 3. 43-1656380  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-2-93 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Approval  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 733 Crown Industrial Ct., Unit G  
Chesterfield MO 63005  
(Current mailing address)
8. Bill Collections  
(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: Lexis Document Services, Inc.  
Office Address: 3953 W.W. Kelley Rd.  
Tallahassee . Florida, 32311  
(Zip code)

**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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Christopher H. Buehrle

Address: 733 Crown Industrial Ct., Unit G

Chesterfield MO 63005

Vice President: Jefferson Moore

Address: 47 Middlesex, St. Louis, MO 63144

Secretary: Michael Juniewicz

Address: 7372 Pierside Dr. St. Peters, MO 63376

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. Christopher H. Buehrle, President

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

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00 DEC 18 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

No. 00387659

# STATE OF MISSOURI



**Rebecca McDowell Cook**  
**Secretary of State**

CORPORATION DIVISION

## CERTIFICATE OF CORPORATE GOOD STANDING

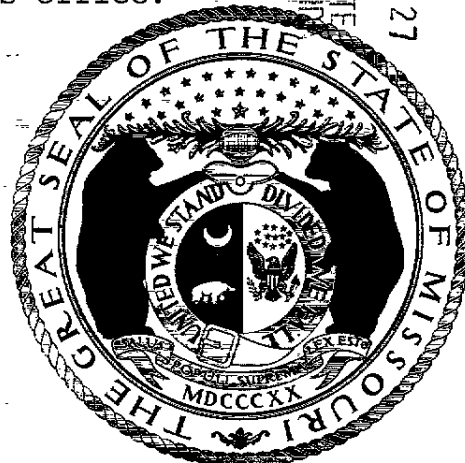
I, REBECCA McDOWELL COOK, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

NATIONAL ASSET RECOVERY SERVICES, INC.

was incorporated under the laws of this State on the 8th day of NOVEMBER, 1993, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 8th day of DECEMBER, 2000.

*Rebecca McDowell Cook*  
Secretary of State



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00 DEC 18 11:27  
SECRETARY OF STATE  
TALLAMASSEE, FLORIDA