

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

500005154856--2 -03/25/02--01092--005 *****78.75 *****78.75

To Whom It May Concern:

Enclosed you will find the completed Application by Foreign Corporation for Authorization to Transact Business in Florida.

You will also find our required fee and other forms that need to be filed.

Please send any mail correspondence to:

GORAN SAMOJLOVSKI ACTIVE CREDIT SERVICES, INC. 6443 S.W. BEAVERTON-HILLSDALE HWY., #432 PORTLAND, OR 97221 FILED

02 MAR 25 M 9: 47

SEGRETARY OF STATE
AMASSEE, FLORIDA

If you have any questions regarding this application, please contact Goran Samojlovski at 503-292-2077 or by fax at 503-292-3633.

Sincerely,

Goran Samojlovski

President

GS/ss

Enclosures

Name
Availability

Document
Examiner

Updater

U dater
Verityer

Acknowledgement

W. P. Verifyer

These documents have been completed by Sam Simmons, on behalf of our member. If you have any further questions, please call (952) 928-8000 ext. 233.

ACA International

F02-1592

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.	ACTIVE CREDIT 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.	OREGON 3. 91-1828637		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4.	5/15/1997 5. PERPETUAL		
	(Date of Incorporation) (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. 6443 S.W. BEAVERTON-HILLSDALE HWY., #432, PORTLAND, OR 97221			
٠.	(Principal office address)		
	PO BOX 80370 PORTLAND, OR 97280-1370		
	(Current mailing address)		
	Test in		
8.	3. THIRD-PARTY DEBT COLLECTIONS		
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		
9.	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
	Name: CT CORPORATION SYSTEM		
Of	fice Address: 1200 SOUTH PINE ISLAND ROAD		
	PLANTATION , Florida 33324 , ,		
	(City) (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.

Jhowas R. Bedram, Asst. Sec. (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: **DIRECTORS** Chairman: N/A Address: Vice Chairman: N/A Address: Director: GORAN SAMOJLOVSKI Address: 6443 S.W. BEAVERTON-HILLSDALE HWY., #432 PORTLAND, OR 97221 Director: ___ Address: ___ В. **OFFICERS** President: GORAN SAMOJLOVSKI 6443 S.W. BEAVERTON-HILLSDALE HWY., #432 PORTLAND, OR 97221 Vice President: GARY CLARK Address: 6443 S.W. BEAVERTON-HILLSDALE HWY., #432 PORTLAND, OR 97221 Secretary: TRACY OLIVER

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

Address:

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

GORAN SAMOJLOVSKI, PRESIDENT

PORTLAND, OR 97221

PORTLAND, OR 97221

Treasurer: TRACY OLIVER

6443 S.W. BEAVERTON-HILLSDALE HWY., #432

Address: 6443 S.W. BEAVERTON-HILLSDALE HWY., #432

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

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

ACTIVE CREDIT SERVICES, INC.

was

incorporated under the Oregon

Business Corporation Act

on

May 15, 1997

and is active on the records of the Corporation Division as of the date of this certificate.





In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

 B_{3}

Debra L. Virag

February 5, 2002

TRANSMITTAL LETTER

Division of Corporations	· ·		
SUBJECT: ACTIVE CREDIT 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 fol	lowing:		
GORAN SAMOJLOVSKI	geria.		
(Name of Person)			
ACTIVE CREDIT SERVICES, INC.			
(Firm/Company)			
6443 S.W. BEAVERTON-HILLSDALE HWY., #432			
(Address)	LA CAR		
PORTLAND, OR 97221	<u> </u>		
(City/State and Zip cod			
For further information concerning this matter, please call:	AM 9: 4 OF STATE S, FLORID		
GORAN SAMOJLOVSKI at (503)-292-2077			
(Name of Person) (Area Code & Da	aytime Telephone Number)		
Registration Section Registra Division of Corporations Division 409 E. Gaines St. P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & \$1 \$78.75	Filing Fee & Sanda Status & Certified Copy		