

**F02000003368**

June 17, 2002

Florida Division of Corporations  
Registration Section  
409 E Gaines Street  
Tallahassee, FL 32399

Re: American Recovery Specialists of Boston, Inc. / 65-0414090

Dear Sir or Madam:

Enclosed herewith, please find the Application by Foreign Corporation for Authorization to Transact Business in Florida as prepared and submitted for my client. I am a Director of the company as well as the Registered Agent in Florida.

Please be advised that this company previously conducted business in Massachusetts and has closed their doors in that state. No business is being conducted in any other state.

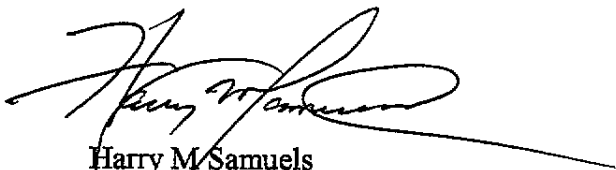
The company seeks to open a bank account in Florida with which to deposit and accumulate funds from the Massachusetts operation and to distribute funds to pay off all remaining debts of the company. No other business will be conducted.

The banks have advised me that a Certificate to do business in Florida is required.

Please expedite the processing of this Certificate so that we may proceed as scheduled.

Thank you in advance for your prompt attention to this matter.

Very truly yours,



Harry M. Samuels  
As Director and Registered Agent of ARS of Boston, Inc.  
HMS:ap

300005815843--4  
-06/18/02--01062--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL -1 AM 8:58

FILED

**F02-3368**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 19, 2002

HARRY SAMUELS  
3143 ARBOR LANE  
HOLLYWOOD, FL 33021

SUBJECT: AMERICAN RECOVERY SPECIALISTS OF BOSTON, INC.  
Ref. Number: W02000017758

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for AMERICAN RECOVERY SPECIALISTS OF BOSTON, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 402A00039712

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN RECOVERY SPECIALISTS OF BOSTON, 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:

HARRY M SAMUELS, DIRECTOR

(Name of Person)

AMERICAN RECOVERY SPECIALISTS OF BOSTON, INC

(Firm/Company)

PO BOX 22991

(Address)

FT LAUDERDALE, FL 33335

(City/State and Zip code)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

For further information concerning this matter, please call:

HARRY M SAMUELS

(Name of Person)

at ( 954 ) 966-1350

(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

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

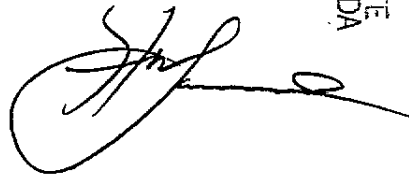
**HARRY M. SAMUEL**  
ACCOUNTANT & FINANCIAL ADVISOR

Dear Sir/Madam,

If possible, could you fax the approval to me  
at (954) 966-1390 and mail the original.

That way, I can open the bank account

Thank you



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02 JUL - 1 AM 8:58

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. AMERICAN RECOVERY SPECIALISTS OF BOSTON, 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. DELAWARE 3. 65-0414090  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/23/1993 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. \_\_\_\_\_  
(Principal office address)  
PO Box 22991, FT LAUDERDALE, FL 33335  
(Current mailing address)
8. CLOSE OUT BUSINESS MATTERS AND CLOSE BUSINESS.  
(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)

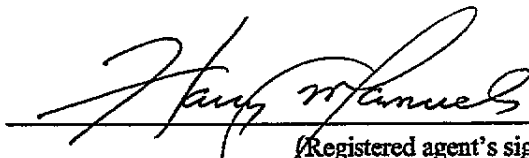
Name: HARRY M SAMUELS

Office Address: 3143 ARBOR LANE

Hollywood, Florida 33021  
(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.*

  
(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.

FILED  
JUL - 1 AM 8:58  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: RONALD M MULIOLOIS

Address: 4041 N.E. 31<sup>ST</sup> AVENUE  
LIGHTHOUSE POINT, FL 33064

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

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

Director: HARRY M SAMUELS

Address: 3143 ARBOR LANE  
HOLLYWOOD FL 33021

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

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

B. OFFICERS

President: RONALD M MULIOLOIS

Address: 4041 N.E. 31<sup>ST</sup> AVENUE  
LIGHTHOUSE POINT, FL 33064

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. HARRY M SAMUELS, Director Harry M Samuels  
(Typed or printed name and capacity of person signing application)

# Delaware

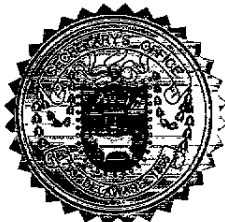
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN RECOVERY SPECIALIST OF BOSTON, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN RECOVERY SPECIALIST OF BOSTON, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

2333748 8300

AUTHENTICATION: 1851574

DATE: 06-25-02