

F03000001657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wolpoff & Abramson Recovery Services Corporation  
(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:

Deena Yeager

(Name of Person)

Cornerstone Support, Inc.

(Firm/Company)

16 Norcross St. Suite 101

(Address)

Roswell, GA 30075

(City/State and Zip code)

For further information concerning this matter, please call:

Deena Yeager

(Name of Person)

at (

770-587-4595

(Area Code & Daytime Telephone Number)

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### 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



Cornerstone Support, Inc.

Florida Secretary of State  
Secretary of State  
409 East Gaines St.  
Tallahassee, FL 32399

Friday, March 28, 2003

Dear Florida Secretary of State,

Wolpoff & Abramson Recovery Services Corporation. Is applying for a certificate of authority in order to do business within your state. They have hired us, Cornerstone Support, Inc., to help them with the process.

Please find enclosed a Certificate of Authority application with the required attachments an fees.

If you have any problems or questions please contact: Deena Yeager at 770-587-4595

Mail any correspondence to:  
Deena Yeager  
Cornerstone Support, Inc.  
16 Norcross Street Suite 101  
Roswell, GA 30075

Sincerely,

Deena Yeager  
Project Manager  
Cornerstone Support, Inc.

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www.cornerstonesupport.com

16 Norcross Street  
Suite 101  
Roswell, Georgia 30075  
770.587.4595  
Fax 770 587 2440

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE 97TH SECTION 60 7.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED To  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Wolpoff & Abramson Recovery Services Corporation  
(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. Maryland 3. 55-0821301  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/3/03 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. 5350 Spectrum Drive Ste A Frederick MD 21703  
(Principal office address)  
same as above  
(Current mailing address)
8. Debt Collection  
(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: LexisNexis Document Solutions Inc.  
Office Address: 3953 W. W. Kelley Road  
Tallahassee, Florida 32311  
(City) (Zip code)

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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.

Karen Stephenson, Asst Secy  
(Registered agent's signature)

I 1. 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:

A. DIRECTORS

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

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

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

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

Director: See attached list of Directors

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

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

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

B. OFFICERS

President: See Attached List of Officers

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

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

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

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

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

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

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

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

13. [Signature]

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

14. Ronald M. Abramson Vice-President

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

# Wolpoff & Abramson Recovery Services

## LIST OF OFFICERS/DIRECTOR

### PRESIDENT

Stuart Joseph Wolpoff  
10801 Nantucket Terrace  
Potomac MD 20854

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

### VICE PRESIDENT

Ronald Marc Abramson  
13611 Daphney House Ct.  
Rockville MD 20850

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

### TREASURER

Laurence Cary Abramson  
4900 Bent Cross Drive  
Potomac MD 20854

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

### SECRETARY

Harry Krupsaw Wolpoff  
6700 Arroyo Court  
Rockville MD

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

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**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT WOLPOFF & ABRAMSON RECOVERY SERVICES CORPORATION IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 27, 2003.

*Paul B. Anderson*

Paul B. Anderson  
Charter Division

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