# F030000003485

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to I	Filing Officer:	
		7/5
<u></u>	Office Use Only	400



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07/11/03--01026--011 \*\*70.00

O3 JUL 11 AM 8: 33

#### TRANSMITTAL LETTER

	tration Section of Corp						
SUBJECT:	AGI Rece	ivables Managemen	t Company	<i>;</i>			
	<del></del>	(Name of	corporatio	n - must include suffix)			<del></del>
Dear Sir or Ma	adam:						
	Existence	", and check are sub		Authorization to Transa egister the above refere			
Please return a	all corresp	ondence concerning	this matter	to the following:		7	
David Ingram		<u>.</u>					8
			(Name of	Person)	<del></del>	A 57	
AGI Receivab	oles Manag	gement Company		·	·	SOL	
			(Firm/Co	mpany)		EF.	
7771 W. Oakla	and Park E	Blvd Suite 100	<u> </u>	<u>.                                      </u>		卫	#
	- "		(Addr	ess)		95	ින දින
Sunrise, FL 3	3351					DA.	ಷ
		((	City/State a	and Zip code)			_
For further inf	formation (	concerning this matte	er, please o	all:			
David Ingram							
	. CD		(954	) 747-6566 x163	NI	per .	
(Nam	ne of Perso	n)	(Area	Code & Daytime Teleph	ione Number)		
STREET AD Registration S Division of Co 409 E. Gaines Tallahassee, F	ection orporations St.	s		MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons		
Enclosed is a	check for t	he following amoun	:				
<b>Ø \$</b> 70.00 Fili	ng Fee	□ \$78.75 Filing Fe Certificate of S		\$78.75 Filing Fee & Certified Copy	S87.50 F Certific Certifie	ate of Statu	ıs &

## 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.		AGI Receivables Management Company			
	(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 nam	ne at	present.)	
2.			_ 3.	20-0062796	- 13
	(State or country t	under the law of which it is incorporated)		(FEI number, if applicable)	
4.	06/25/03		<b>_</b> 5.	Perpetual	-
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6.	upon qualificat		<u> </u>	<u> </u>	
	(Date first transac			transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)	
7.	7771 W. Oakla	and Park Blvd #100 Sunrise, FL 3335	1	TABLE C	,
	·	(Principal office	add	ress)	\$
	P.O. Box 1905	07 Lauderhill, FL 33319			7
		(Current mailing	g add	ress) Size =	Alberta (
	Collections vi	a interstate mail and telephone.		in .	j Projece
8.	————	a mersiale man and telephone.		ountry to be carried out in state of Florida) $\bigcirc$ $\bigcirc$	1 8 8
	(Purpose(s)	) of corporation authorized in home state	or co	untry to be carried out in state of Florida)	
9.	Name and stre	<u>et address</u> of Florida registered ag	ent:	(P.O. Box or Mail Drop Box NOT acceptable)	
	Name: _	Capitol Corporate Services			
O	ffice Address:	1333 N. Duval St.		e de la companya de	
Ŭ		Tallahassee, FL 32303		<del></del>	
	-			, Florida	
		(City)		(Zip code)	
17	Registered ag	ent's acceptance:			
			serv	ice of process for the above stated corporation at the pl	ace
				ment as registered agent and agree to act in this capaci	
				relative to the proper and complete performance of my	•
di	uties, and I am f	amiliar with and accept the obligation	ns c	f my position as registered agent.	
Chayle Windle					
	_	(Registered ager	ıt's s	ignature)	

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:

A. DIR	ECTORS  Dan R. Buell	
Chairmar Address:	1:	
Address:		
Vice Cha	irman:	
Address:		
Director:		<u> </u>
Director:	Larry J. Hughes	T S
Address:	7771 W. Oakland Park Blvd #100 Sunrise, FL 33351	3 1
B. OFF	TICERS	SEE O
President	Dan R. Buell	<u> </u>
Address:	7771 W. Oakland Park Blvd #100 Sunrise, FL 33351	<del>□</del> 3 <del>□</del> <del>+</del>
Vice Pres	sident:	
Address:		
Secretary	Larry J. Hughes	
Address:	7771 W. Oakland Park Blvd #100 Sunrise, FL 33351	
Treasure	r:	
Address:		· · · · · · · · · · · · · · · · · · ·
NOTE:	If necessary, you may attach an addendum to the application listing additional officers are	nd/or directors.
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	application)
14	n Buell - President & Chairman	<u> </u>

#### File Number

6294-293-2



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

1ST
day of
JULY A.D.
2003

Desse White