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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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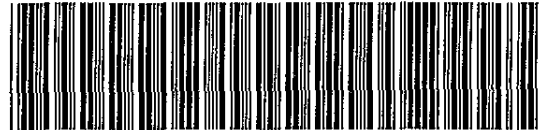
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/03--01100--001 **78.75

NOR-DON COLLECTION NETWORK INC.
325 MILNER AVE., SUITE 1100
TORONTO, ONTARIO M1B 5N1
CANADA

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

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:

JIM BURKE
NOR-DON COLLECTION NETWORK INC.
325 MILNER AVE., SUITE 1100
TORONTO, ONTARIO M1B 5N1
CANADA

If you have any questions regarding this application, please contact Jim Burke at (647) 436-2610 or by fax at (416) 412-6165.

Sincerely,



Paul Moraes
President/CEO/Director/Owner

PM/cr

Enclosures

These documents have been completed by Catherine Ramstad, on behalf of our member. If you have any further questions, please call (952) 928-8000 ext. 232.
ACA International

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nor-Don Collection Network 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:

Jim Burke

(Name of Person)

Nor-Don Collection Network Inc.

(Firm/Company)

325 Milner Ave., Suite 1100

(Address)

Toronto, Ontario M1B 5N1 Canada

(City/State and Zip code)

For further information concerning this matter, please call:

Jim Burke

(Name of Person)

at (647) 436-2610

(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

**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. Nor-Don Collection Network 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. Ontario, Canada 3. 364612-2 (Corporation Number)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/30/1999 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. 325 Milner Ave., Suite 1100, Toronto, Ontario M1B 5N1 Canada
(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: C T Corporation System
Office 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.

By: C T Corporation System
Andrea Mitlyng
(Registered agent's signature) **Andrea Mitlyng**
Assistant Secretary

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: **SEE ATTACHMENT**

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Paul Agnello Moraes

Address: 325 Milner Ave., Suite 1100, Toronto, Ontario M1B 5N1 Canada

Director: Barry Lynn Kryba

Address: 325 Milner Ave., Suite 1100, Toronto, Ontario M1B 5N1 Canada

B. OFFICERS

SEE ATTACHMENT

President: Paul Agnello Moraes

Address: 325 Milner Ave., Suite 1100, Toronto, Ontario M1B 5N1 Canada

Vice President: Barry Lynn Kryba

Address: 325 Milner Ave., Suite 1100, Toronto, Ontario M1B 5N1 Canada

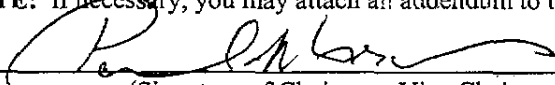
Secretary: ~~XXX~~ Kevin Melnyk

Address: #602 - 240 Duncan Mills Road, Toronto, Ontario M3B 3P1 Canada

Treasurer: James Richard Burke

Address: 325 Milner Ave., Suite 1100, Toronto, Ontario M1B 5N1 Canada

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. Paul Moraes, President
(Typed or printed name and capacity of person signing application)

1.	Full Name:	Paul Agnello Moraes
	Officer/Director:	Officer, Director
	Officer's Title:	President/CEO/Director
	Business Address:	325 Milner Avenue, Suite 1100
	City:	Toronto, Ontario M1B 5N1 Canada
2.	Full Name:	Barry Lynn Kryba
	Officer/Director:	Officer, Director
	Officer's Title:	Senior Vice President
	Business Address:	325 Milner Avenue, Suite 1100
	City:	Toronto, Ontario M1B 5N1 Canada
3.	Full Name:	James Wallace Joseph Shaw
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Business Address:	325 Milner Avenue, Suite 1100
	City:	Toronto, Ontario M1B 5N1 Canada
4.	Full Name:	James Richard Burke
	Officer/Director:	Officer
	Officer's Title:	Treasurer/CFO
	Business Address:	325 Milner Avenue, Suite 1100
	City:	Toronto, Ontario M1B 5N1 Canada
5.	Full Name:	Bradley Wayne Ashley
	Officer/Director:	Director
	Officer's Title:	N/A
	Business Address:	#602 – 240 Duncan Mills Road
	City:	Toronto, Ontario M3B 3P1 Canada
6.	Full Name:	John Cotton Maynard
	Officer/Director:	Director
	Officer's Title:	N/A
	Business Address:	1218 Flos Rd. 5 East
	City:	Phelpston, Ontario L0L 2K0 Canada
7.	Full Name:	Michael Paul Graham
	Officer/Director:	Director
	Officer's Title:	N/A
	Business Address:	250 Bloor Street East, Suite 1600
	City:	Toronto, Ontario M4W 1E6 Canada
8.	Full Name:	Kevin Melnyk
	Officer/Director:	Secretary
	Officer's Title:	N/A
	Business Address:	#602 – 240 Duncan Mills Road
	City:	Toronto, Ontario M3B 3P1 Canada



Industry Canada

Industrie Canada

CERTIFICATE OF EXISTENCE
s. 263.1(c)

CERTIFICAT D'EXISTENCE
s. 263.1(c)

NOR-DON COLLECTION NETWORK INC.

LE RESEAU NOR-DON AGENT DE RECOUVREMENT INC.

364612-2

Name of corporation-Dénomination sociale

Corporation number-Numéro de la société

I HEREBY CERTIFY that the corporation
named above was in existence under the
Canada Business Corporations Act as of
2003-09-26.

JE CERTIFIE, par les présentes, que la société
ci-dessus mentionnée existait en vertu de la *Loi
canadienne sur les sociétés par actions* au
2003-09-26.

Deputy Director - Directeur adjoint

September 29, 2003 / le 29 septembre 2003

Issuance date - Date d'émission

Canada



Industry Canada

Industrie Canada

CERTIFICATE OF COMPLIANCE
s. 263.1 (1)(a)(b)

CERTIFICAT DE CONFORMITÉ
art. 263.1 (1)(a)(b)

NOR-DON COLLECTION NETWORK INC.

LE RESEAU NOR-DON AGENT DE RECOUVREMENT INC.

364612-2

Name of corporation-Dénomination sociale

Corporation number-Numéro de la société

I HEREBY CERTIFY that the corporation named above is incorporated or continued under the *Canada Business Corporations Act*, is not discontinued and has not been dissolved under that Act.

JE CERTIFIE, par les présentes, que la société ci-dessus mentionnée est constituée ou prorogée en vertu de la *Loi canadienne sur les sociétés par actions*, qu'elle n'a pas changé de régime et qu'elle n'a pas été dissoute en vertu de cette Loi.

This corporation has sent to the Director the required Annual Returns and has paid all fees required under the Act.

Cette société a remis au directeur les rapports annuels prescrits et acquitté les droits requis par la Loi.

Deputy Director - Directeur adjoint

October 2, 2003 / le 2 octobre 2003

Issuance date - Date d'émission

Canada