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00789-04099-00624-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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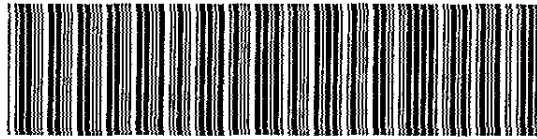
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FBI - TAMPA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Accounts Receivable Management Systems Corp  
(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:

Gary Adams

(Name of Person)

(Firm/Company)

1779 Bayshore Dr.

(Address)

Englewood, FL 34223

(City/State/Zip code)

For further information concerning this matter, please call:

Gary Adams

(Name of Person)

at

941-473-7959

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 14, 2004

GARY ADAMS  
1779 BAYSHORE DR.  
ENGLEWOOD, FL 34223

SUBJECT: ACCOUNTS RECEIVABLE MANAGEMENT SYSTEMS CORP.  
Ref. Number: W04000006290

We have received your document for ACCOUNTS RECEIVABLE MANAGEMENT SYSTEMS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 604A00010210

**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. **Accounts Receivable Management Systems Company, Inc.**

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ARMS CO, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut 3. 06-1124805  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/18/85 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. 95 High Street, Suite 2-3 Milford, CT 06460  
(Principal office address)  
95 High Street, Suite 2-3 Milford, CT 06460  
(Current mailing address)

8. Collection Agency  
(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)

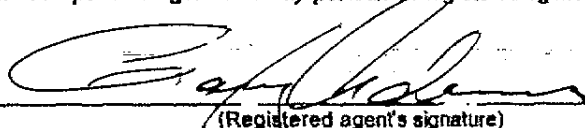
Name: Gary Adams

Office Address: 1779 Bayshore Dr.

Englewood, Florida 34223  
(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.

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04 FEB 25 AM 9:11  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Gary Adams

Address: 1779 Bayshore Dr  
Englewood, FL 34223

Vice Chairman: Angela Adams

Address: 1779 Bayshore Dr  
Englewood, FL 34223

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

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

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

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

B. OFFICERS

President: Gary Adams

Address: 1779 Bayshore Dr  
Englewood, FL 34223

Vice President: Angela Adams

Address: 1779 Bayshore Dr.  
Englewood, FL 34223

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

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

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

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

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Gary Adams

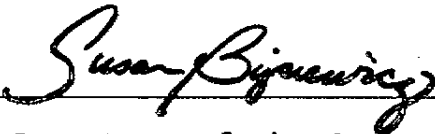
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

ACCOUNTS RECEIVABLE MANAGEMENT SYSTEMS COMPANY, INC.

incorporated under the laws of Connecticut is in existence.

A handwritten signature in cursive script, reading "Susan Bignard", is written over a horizontal line.

Secretary of the State

Date Issued: January 23, 2004