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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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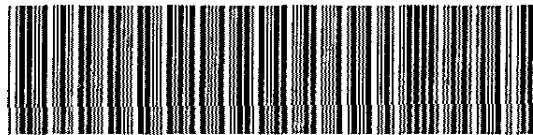
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

2-17-05

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PD Recovery, 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:

Caitlin Larkin  
(Name of Person)  
Dollar Financial Group, Inc.  
(Firm/Company)  
1436 Lancaster Ave., Ste. 310  
(Address)  
Berwyn, PA. 19312  
(City/State and Zip code)

For further information concerning this matter, please call:

Cyril Means at (610) 296-3400  
(Name of Person) (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

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**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. PD Recovery, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. n/a  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. 23-2717097  
(FEI number, if applicable)
4. 12/29/1992  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. n/a  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1436 Lancaster Ave, Ste 310, Berwyn, PA 19312  
(Principal office address)  
c/o 1436 Lancaster Ave, Ste 310, Berwyn, PA 19312  
(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 NOT acceptable)  
Name: CT Corporation System  
Office Address: 600 South Pine Island Rd.  
Plantation, FL, Florida 33324  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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.*

Barbara A Burke

(Registered agent's signature)

BARBARA A. BURKE  
SPECIAL 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:

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

<sup>CEO</sup>  
President: Jeffrey A. Weiss

Address: 1436 Lancaster Ave., Ste 310  
Berwyn, PA 19312

Vice President: Donald F. Bayhardt

Address: 1436 Lancaster Ave., Ste 310  
Berwyn, PA 19312

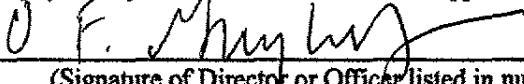
Secretary: Peter J. Sokolowski

Address: 1436 Lancaster Ave., Ste. 310, Berwyn, PA 19312

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. Donald F. Bayhardt, President  
(Typed or printed name and capacity of person signing application)

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

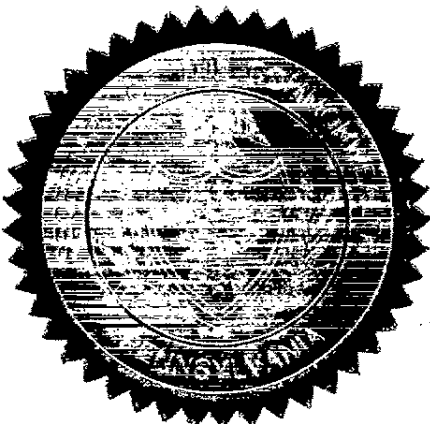
December 06, 2004

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

PD RECOVERY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .



IN TESTIMONY WHEREOF , I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

*Pertho C. Conte's*

Secretary of the Commonwealth