

F06000006378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

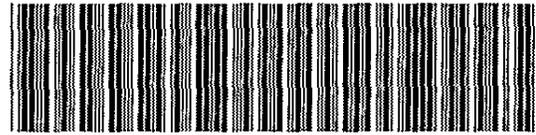
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Claim 4 Cash (USA), 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:

James P. Cannon
(Name of Person)

(Firm/Company)

912 W. 121st Terrace
(Address)

Kansas City, MO 64145
(City/State and Zip code)

For further information concerning this matter, please call:

James P. Cannon at (816) 842-8050
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Claim 4 Cash (USA), Inc.

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

Claim 4 Rewards, Inc.

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

2. Missouri 3. 73-1732012

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. June 11, 2003 5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4944 W. Irlo Bronson Memorial Hwy, Suite A, Kissimmee FL 34746

(Principal office address)

4944 W. Irlo Bronson Memorial Hwy, Suite A, Kissimmee FL 34746

(Current mailing address)

8. Marketing promotions for businesses

(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: James P. Riggsby

Office Address: 4944 W. Irlo Bronson Memorial Hwy, Suite A

Kissimmee, Florida 34746

(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.

[Handwritten signature]

(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.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 11 2 58 PM '03

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

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James P. Rigsby

Address: 4944 W. Irla Bronson Memorial Hwy, Suite A
Kissimmee, Florida 34746

Director: _____

Address: _____

B. OFFICERS

President: James P. Rigsby

Address: 4944 W. Irla Bronson Memorial Hwy, Suite A
Kissimmee, Florida 34746

Vice President: _____

Address: _____

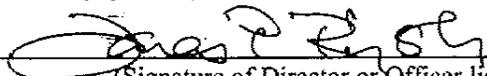
Secretary: James P. Rigsby

Address: 4944 W. Irla Bronson Memorial Hwy, Ste A, Kissimmee FL 34746

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. James P. Rigsby - Director/President
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

DIVISION OF
06 OCT -6 PM 2:58

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CLAIM 4 CASH (USA), INC
00525665

was created under the laws of this State on the 11th day of June, 2003, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 29th day of September, 2006



Robin Carnahan
Secretary of State

Certification Number: 9088780-1 Reference:
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>