

# FD7000002413

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

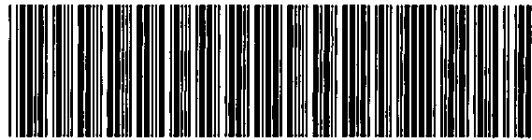
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2007 MAY -4 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 5-7

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** FIRST CHOICE 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:

Heather Sellers

(Name of Person)

FIRST CHOICE RECOVERY, INC.

(Firm/Company)

Post Office Box 1032

(Address)

Irvington, AL 365844

(City/State and Zip code)

For further information concerning this matter, please call:

Heather Sellers

(Name of Person)

at ( 251 ) 957-4040/251-295-8931

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2007

HEATHER SELLERS  
P.O. BOX 1032  
IRVINGTON, AL 36544

SUBJECT: FIRST CHOICE RECOVERY, INC.  
Ref. Number: W07000020107

We have received your document for FIRST CHOICE RECOVERY, INC. 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 registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6047.

Carolyn Lewis  
Document Specialist

Letter Number: 507A00028292

RECEIVED  
07 MAY -4 PM 1:22  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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. FIRST CHOICE RECOVERY, INC.**

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

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

**2. AL**

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

**3. 04-382-4051**

(FEI number, if applicable)

**4. ~~August 2005~~ Sept. 13, 2005**

(Date of incorporation)

**5. Never perpetual**

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

**6. Have not transacted business yet**

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

**7. 826 Turnberry Crv Niceville, Fl 36544**

(Principal office address)

**POST OFFICE BOX 1032 Irvington AL. 36544**

(Current mailing address)

**8. Repossession/Recovery**

(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: **Heather Sellers**

Office Address: **826 Turnberry Crv Niceville,**

**Niceville**

(City)

, Florida

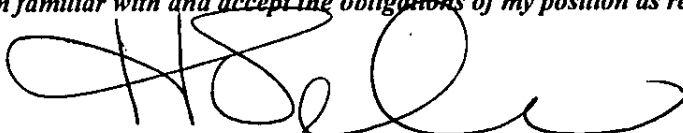
**32578**

(Zip code)

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SECRETARY OF STATE  
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.*



(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.**

FILED  
2007 MAY -4 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: William L Wright

Address: POST OFFICE BOX 1032  
Irvington, AL 36544

Vice Chairman: Sheila Wright

Address: POST OFFICE BOX 1032  
Irvington, AL 36544

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

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

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

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

**B. OFFICERS**

President: William L Wright

Address: POST OFFICE BOX 1032  
Irvington, AL 36544

Vice President: Sheila Wright

Address: Post Office Box 1032  
Irvington, AL 36544

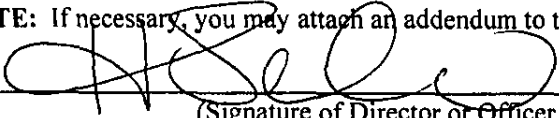
Secretary: Heather Sellers

Address: POST OFFICE BOX 1032

Treasurer: Sheila Wright

Address: Post Office Box 1032

**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. HEATHER SELLERS  
(Typed or printed name and capacity of person signing application)

Beth Chapman  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that First Choice Recovery, Inc. incorporated in Mobile County, Irvington, Alabama on September 13, 2005. I further certify that the records do not disclose that said First Choice Recovery, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 18, 2007

Date

*Beth Chapman*

Beth Chapman

Secretary of State

*[Handwritten initials]*