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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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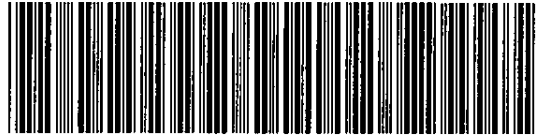
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/31/07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: National Check Recovery Program 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:

Paul Lufkin

(Name of Person)

National Check Recovery Program Inc

(Firm/Company)

4600 S. Ulster Street #700

(Address)

Denver, CO 80237

(City/State and Zip code)

For further information concerning this matter, please call:

Paul Lufkin

(Name of Person)

at (303) 486-0850

(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. National Check Recovery Program 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. Colorado

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

3. 20-8597121

(FEI number, if applicable)

4. 12/19/2006

(Date of incorporation)

5. Perpetual

(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. 4600 S. Ulster St. #700, Denver, CO 80237

(Principal office address)

4600 S. Ulster St, #700, Denver, CO 80237

(Current mailing address)

8. Check 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: **Pacific Registered Agents, Inc**

Office Address: **92 Sadberry Road**

Quincy, Florida **32351**

(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.

(See Attached)

(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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TALLAHASSEE, FLORIDA

CONSENT TO SERVE AS FLORIDA REGISTERED AGENT

I, Charles F. Mathias, President of Pacific Registered Agents, Inc., consent to serve as Registered Agent in the State of Florida for **National Check Recovery Program, Inc.** I understand it will be our responsibility to accept service of process on behalf of the corporation, to forward mail addressed to the corporation in care of Pacific Registered Agents, Inc., and to immediately notify the Office of the Secretary of State if we resign or change the registered office or business address. Our registered office and business address is:

Pacific Registered Agents, Inc.
92 Sadberry Road
Quincy, FL 32351



Signature of Agent

Charles F. Mathias, President
Printed Name

10/16/2007
Date

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Paul Lufkin

Address: 4600 S. Ulster St, #700
Denver, CO 80237

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Paul Lufkin

Address: 4600 S. Ulster St., #700
Denver, CO 80237

Vice President: _____

Address: _____

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. Paul Lufkin

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

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

National Check Recovery Program Inc.

is a
Corporation

formed or registered on 12/19/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061519402 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/11/2007 that have been posted, and by documents delivered to this office electronically through 10/16/2007 @ 22:07:55 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/16/2007 @ 22:07:55 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6911413 .



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TALLAHASSEE, FLORIDA

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."