

F08000001440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

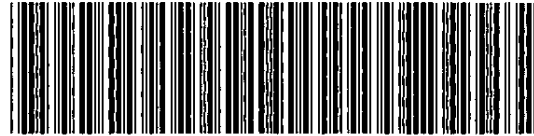
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/31/08--01057--007 **78.75

2008 MAR 31 P 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR -1 2008
D. A. WHITE

Alliance Collection Agencies, Inc.

3916 S. Business Park Ave.

Marshfield, WI 54449-5800

State of Florida
FL Reg Section Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

RE: Alliance Collection Agencies, Inc.

To Whom It May Concern:

Enclosed you will find our completed application.

If you have any questions regarding this application, please contact:

Jennifer Cleveland
ACA International
Phone: (952) 928-8000 x 237
Email: cleveland@acainternational.org

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alliance Collection Agencies, 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:

Daniel J. O'Connell
(Name of Person)

Alliance Collection Agencies, Inc.
(Firm/Company)

PO Box 1267
(Address)

Marshfield, WI 54449
(City/State and Zip code)

For further information concerning this matter, please call:

Daniel O'Connell at (715) 384-2717 ext. 2221
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Alliance Collection Agencies, 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. Wisconsin

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

3. 39-0924634

(FEI number, if applicable)

4. 6/24/1957

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 3916 S. Business Park Ave., Marshfield, WI 54449

(Principal office address)

PO Box 1267, Marshfield, WI 54449

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

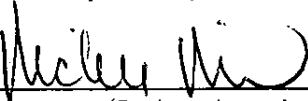
Plantation, Florida 33324
(City) (Zip code)

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.

C T Corporation System

By:



(Registered agent's signature)

Michele Miller

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

President: Daniel J O'Connell

Address: 3916 S. Business Park Ave.

Marshfield, WI 54449

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. Jennifer Cleveland Atty-In-Fact pursuant to POA
(Signature of Director or Officer listed in number 12 of the application)

14. Jennifer Cleveland, Attorney In Fact
(Typed or printed name and capacity of person signing application)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

ALLIANCE COLLECTION AGENCIES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 24, 1957.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 13, 2008.



A handwritten signature in black ink, appearing to be "Ray Allen".

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: **50945-523913F4**

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TALLAHASSEE, FLORIDA

ACA International
Power of Attorney

NOTICE IS HEREBY GIVEN THAT Alliance Collection Agencies, Inc., ("Entity") an entity organized under the laws of Wisconsin, its owners, officers, directors and collections manager, personally, do hereby appoint Catherine Ramstad, Erica Witt, Jennifer Cleveland, Robin Buendiger, Janis St. Martin and Toni Nuernberg while employed by ACA International Enterprises, Inc. and/or Collectors Insurance Agency Inc., as attorney-in-fact for the Entity and personally for its owners, officers, directors and collections manager to act on their behalf.

Personally, the owners, officers, directors, collections manager and the Entity, having taken all necessary steps to authorize the changes, hereby grant their attorney-in-fact the power to execute the documents necessary to obtain and/or renew registrations, licensure and bonds for debt collection purposes, and complete forms of similar import on behalf of the Entity and personally on behalf of its owners, officers, directors and collections manager in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity and/or personally by its owners, officers, directors and collections manager.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 27 day of Feb, 2008



Signature of Authorized Entity Representative

Daniel J. O'Connell, President/Owner

Print Name and Title

Sworn to and subscribed before me
this 27 of February, 2008.

Notary Public, State of WI
Commission expires: 11/16/08

Rochelle L. Hu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACA International
Power of Attorney

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Individual Officer Signatures:

Signature of Person Authorizing as Individual
Daniel J. O'Connell

Print Name

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Individual Manager Signatures:

Signature of Person Authorizing as Individual

Brent Bergman

Print Name

Signature of Person Authorizing as Individual

Print Name

Individual Director Signatures:

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Individual Owner Signatures:

Signature of Person Authorizing as Individual

Daniel J. O'Connell

Print Name

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Signature of Person Authorizing as Individual

Print Name

Sworn to and subscribed before me
this 27 of February, 2008.

Notary Public, State of WI

Commission expires: 11/16/09

[Signature]