

F08000002045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W 8-12519

Office Use Only



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2008 MAY -6 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 6 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Certified Recovery Systems, 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:

Larry Ron Nunley
(Name of Person)
Certified Recovery Systems, Inc.
(Firm/Company)
6161 Sawoy #600
(Address)
Houston Texas 77036
(City/State and Zip code)

For further information concerning this matter, please call: email (maechelle@certifiedrecovery.com)

Larry Ron Nunley at 713, 464 8322 or 713-341-3047
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2008

LARRY RON NUNLEY
6161 SAVOY #600
HOUSTON, TX 77036

SUBJECT: CERTIFIED RECOVERY SYSTEMS, INC.
Ref. Number: W08000012519

We have received your document for CERTIFIED RECOVERY SYSTEMS, 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):

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 608A00014619



RECEIVED

APR 11 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2008

LARRY RON NUNLEY
6161 SAVOY #600
HOUSTON, TX 77036

SUBJECT: CERTIFIED RECOVERY SYSTEMS, INC.
Ref. Number: W08000012519

We have received your document for CERTIFIED RECOVERY SYSTEMS, 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):

You failed to make the correction(s) requested in our previous letter.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 308A00021717

S U S A N

C O M B S

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS

P.O. Box 13528 • AUSTIN, TX 78711-3528



THE STATE OF TEXAS

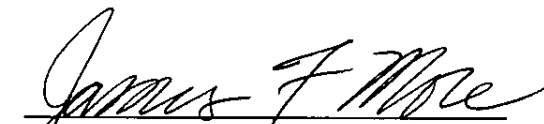
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COUNTY OF TRAVIS

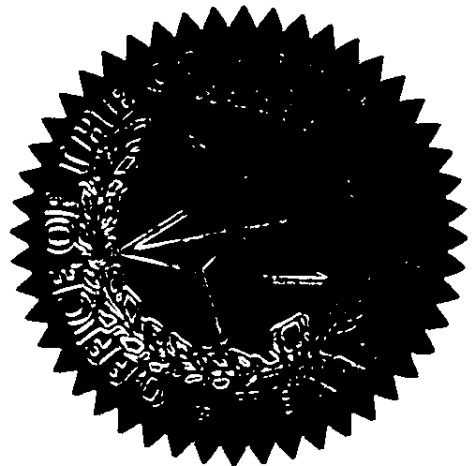
§

I, James F. More, of the Open Records Section of the Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY AND ATTEST, that I am a custodian of franchise tax records and files, that according to the records of this office, Certified Recovery Systems, Inc., taxpayer number 3-20244-1821-5 is in good standing with this office through May 1, 2008.

IN TESTIMONY WHEREBY, I have hereunto
signed my name officially and caused to be impressed
on this 4th day of April 2008 A.D.


James F. More, Custodian of Records
Open Records
Comptroller of Public Accounts

jfm





TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

SUSAN COMBS • COMPTROLLER • AUSTIN, TEXAS 78774

March 3, 2008

CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS
COUNTY OF TRAVIS

I, Susan Combs, Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY that according to the records of this office .

CERTIFIED RECOVERY SYSTEMS INC

is, as of this date, in good standing with this office having no franchise tax reports or payments due at this time. This certificate is valid through the date that the next franchise tax report will be due May 1, 2008.

This certificate does not make a representation as to the status of the corporation's Certificate of Authority, if any, with the Texas Secretary of State.

This certificate is valid for the purpose of conversion when the converted entity is subject to franchise tax as required by law. This certificate is not valid for the purpose of dissolution, merger, or withdrawal.

GIVEN UNDER MY HAND AND
SEAL OF OFFICE in the City of
Austin, this 3rd day of
March 2008 A.D.

Susan Combs
Texas Comptroller

Taxpayer number: 32024418215
File number: 0800754078

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. Certified Recovery Systems, 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. Texas 3. 20-8141870
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-1-07 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. 6161 Sawoy Ste 600 Houston TX 77036
(Principal office address)
6161 Sawoy Ste 600 Houston TX 77036
(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: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, FL, Florida 32301
(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.

Brian Courtney
Asst. V. Pres.

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2009 MAY - 6 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Larry Ron Nunley

Address: 6161 Savoy #600

Houston Texas 77036

Vice President: J. Carter Breed

Address: 6161 Savoy #600

Houston TX 77036

Secretary: Robin Nunley

Address: 6161 Savoy #600 Houston TX 77036

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. Larry R. Nunley

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Phil Wilson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Certified Recovery Systems, Inc. (file number 800754078), a Domestic For-Profit Corporation, was filed in this office on January 02, 2007.

It is further certified that the entity status in Texas is in existence.

FILED
2008 MAY -6 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 24, 2008.



A handwritten signature of Phil Wilson in black ink.

Phil Wilson
Secretary of State