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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch JUL 1 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advanced Credit Recovery Incorporated
(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:

Vincent Bianco

(Name of Person)

Advanced Credit Recovery Incorporated

(Firm/Company)

2423 Hyde Park Blvd.

(Address)

Niagara Falls NY 14305

(City/State and Zip code)

For further information concerning this matter, please call:

Susan Uhrinak at (440) 390-8156

(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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1. **Advanced Credit Recovery Incorporated**

(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. **New York, USA**

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

3. **26-2601849**

(FEI number, if applicable)

4. **05/13/2008**

(Date of incorporation)

5. **perpetual**

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

6. **upon approval**

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

7. **2423 Hyde Park Blvd, Niagara Falls, NY 14305**

(Principal office address)

2423 Hyde Park Blvd, Niagara Falls, NY 14305

(Current mailing address)

8. **Debt Collection/Collection Agency**

(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: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Dr. Ste 4**

Weston

(City)

, Florida **33331**

(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.

NRAI Services, Inc.

By: Amy Purdy 6/24/08

(Registered agent's signature)

Amy Purdy, 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: Vincent Bianco

Address: 2423 Hyde Park Blvd.

Niagara Falls, NY 14305

Vice President: Anthony La Gambina, Jr

Address: 2423 Hyde Park Blvd.

Niagara Falls, NY 14305

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. Vincent Bianco, President

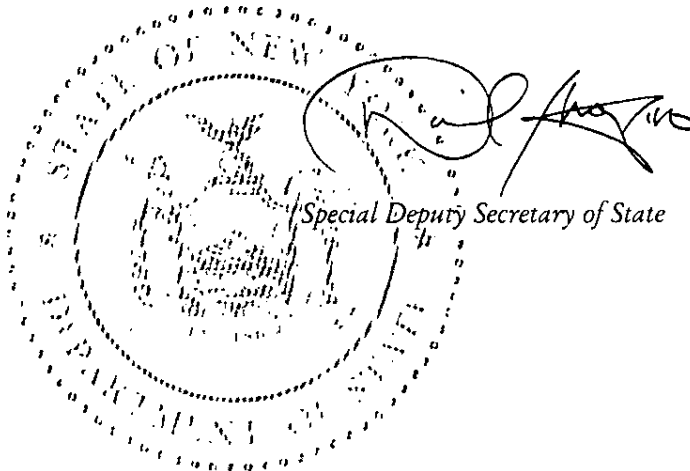
(Typed or printed name and capacity of person signing application)

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CLERK OF STATE
ALABAMA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ADVANCED CREDIT RECOVERY INCORPORATED was filed on 05/13/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 27th day of May two
thousand and eight.*



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DEPARTMENT OF STATE
ALBANY, NEW YORK

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