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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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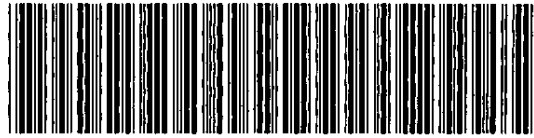
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BLITZ RECOVERY SERVICES, 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:

Joseph Ramos

(Name of Person)

BLITZ RECOVERY SERVICES, INC.

(Firm/Company)

Edif. BBVA 1738 Amarillo Street Box 28

(Address)

San Juan, Puerto Rico 00926-0028

(City/State and Zip code)

For further information concerning this matter, please call:

Ruth N. Maldonado

(Name of Person)

at (787) 625-5660

(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. **BLITZ RECOVERY SERVICES, 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. **Puerto Rico**

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

3. _____

(FEI number, if applicable)

4. **12/16/2002**

(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. **Edif. BBVA 1738 Amarillo Street Suite 201 San Juan, Puerto Rico 00926-0028**

(Principal office address)

Edif. BBVA 1738 Amarillo Street Box 28 San Juan, Puerto Rico 00926-0028

(Current mailing address)

8. _____

(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: **Noreen Wisniewski-Rentas, P.A.**

Office Address: **605 Belvedere RD, Suite 7**

West Palm Beach

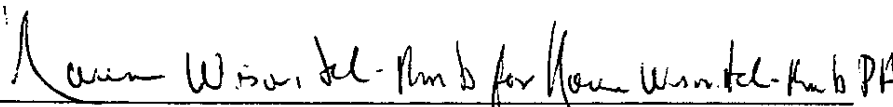
(City)

, Florida **33405**

(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.


(Registered agent's signature) *President*

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joseph Ramos

Address: Urb. Los Arboles de Montehiedra 316 Blvd. Los Arboles San Juan, Puerto Rico 00926-0028

Vice President: _____

Address: _____

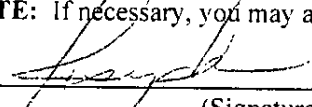
Secretary: Elilda Gil

Address: Urb. Los Arboles de Montehiedra 316 Blvd. Los Arboles San Juan, Puerto Rico 00926-0028

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. Joseph Ramos, President

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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN PUERTO RICO**

I, **FERNANDO J. BONILLA**, Secretary of State the Department of State of the
Commonwealth of Puerto Rico,

CERTIFY: That "**BLITZ RECOVERY SERVICES, INC.**" register number
132,440 is a profit corporation organized under the laws of Puerto Rico on **December 16,**
2002.

This certification does not imply that this corporation has filed the annual reports,
pursuant to the requirement of Article 15.01 of the General Corporation Act. If you need
to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, the
undersigned by virtue of the authority vested
by laws, hereby issue this certificate in the
City of San Juan, Puerto Rico today **June**
fifth of the year two-thousand and eighth.

FERNANDO J. BONILLA
Secretary of State

FJB/rsr
0547138