# F08000003819

(Requestor's Name)					
(Address)					
·					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
<u>_</u>					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300134585233

08/22/08--01008--001 \*\*70.00

THE SEP -2 P I: 09
SECRETARY OF STATE
AND ASSEFT. FLORIDA

FILED.

SEP - 2 2008 D. A. WHITE

## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Nationwide Escrow Collection	ction Specialists, Inc.			
	tion - must include suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	or Authorization to Transact Business in Florida," o register the above referenced foreign corporation to			
Please return all correspondence concerning this mat	ter to the following:			
Chad Kluever				
(Name	of Person)			
Nationwide Escrow Collection Spec				
`	Company)			
5401 N. Central Expy, Ste 290				
Dallas, TX 75205	ldress)			
	e and Zip code)			
` ·	•			
For further information concerning this matter, please	e call:			
	599-0152			
Chad Kluever at ( 214	<u> </u>			
(Name of Person) (Are	a 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 & \$87.50 Filing Fee, Certified Copy 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.	Nationwid	ationwide Escrow Collection Specialists, Inc.					
		orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORAT	ION,"		
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transa	cting busin	ess in Flo	orida)
2.	Texas		3.	26-2647766			
		under the law of which it is incorporated)		(FEI number, if	applicable)	1	
4.	04- <b>2</b> 4-200	8	5.	perpetual			
.,	(Date	of incorporation)		(Duration: Year corp. will cease	e to exist o	r "perpet	ual")
6.	not applica	able					
				n Florida, if prior to registration) 502, F.S., to determine penalty lia	bility)		
7.	5401 N. Ce	entral Expy, Ste 290, Dalla	s,	TX 75205	وس مُرَيْرُ دُورُ السيا دُورُ السيا		-71
•		(Principal office	add	ress)	三品	43S	17 Table 2001
	5401 N. Co	entral Expy, Ste 290, Dalla	ıs,	TX 75205	755	-2	
		(Current mailing	add	ress)	E C	3 0	1.11
8.	Collection	of commercial debt.			FL OR	7 - 0	
	(Purpose(s	) of corporation authorized in home state o	rcc	ountry to be carried out in state of	Florida) 3	ور ۱۳	
9.	Name and stree	et address of Florida registered agent: (	P.C	D. Box NOT acceptable)			
	Name:	C T Corporation System					
Oi	ffice Address:	1200 South Pine Island F	₹o	ad_			
		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.

(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.

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

A. DIRECTORS .  Chairman:	FILED
Address:	7008 SEP -2 P 1: 09
Address.	SECRETARY OF STATE
Vice Chairman:	TALLAHASSEE, FLORIDA
Address:	
Director: John Carona	
Address: 5401 N. Central Expy, Ste 300	
Dallas, TX 75205	
Director: Helen Eden	
Address: 5401 N. Central Expy, Ste 300	
Dallas, TX 75205	
B. OFFICERS	
President:	
Address:	
Vice President: Chad Kluever	
Address: 5401 N. Central Expy, Ste 290	
Dallas, TX 75205	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the app	lication listing additional officers and/or directors.
(Signature of Director or Officer listed	n number 12 of the application)
Chad Kluever, Vice-President	
(Typed or printed name and cancaity	of person signing application)

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



### Office of the Secretary of State

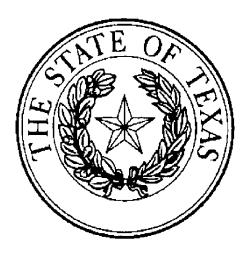
#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Nationwide Escrow Collection Specialists, Inc. (file number 800968883), a Domestic For-Profit Corporation, was filed in this office on April 24, 2008.

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



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 July 31, 2008.



Phone: (512) 463-5555

Hope Andrade Secretary of State