

F09000000064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

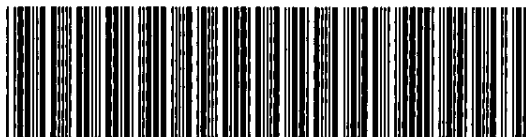
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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01/05/09--01062--028 \*\*78.75

FILED  
2009 JAN -5 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Express Recovery Services, Inc.**

**2790 Decker Lake Drive  
West Valley, UT 84119**

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

**RE: Express Recovery Services, Inc.**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Michelle Camp  
Express Recovery Services, Inc.  
2790 Decker Lake Drive  
West Valley, UT 84119

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

Michelle Camp  
Express Recovery Services, Inc.  
Phone: (801) 486-4182  
Fax: (801) 487-1508  
Email: [mcamp@expressrecovery.com](mailto:mcamp@expressrecovery.com)

Enclosures

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Express 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:

Michelle Camp

(Name of Person)

Express Recovery Services, Inc.

(Firm/Company)

2790 Decker Lake Drive

(Address)

West Valley, UT 84119

(City/State and Zip code)

For further information concerning this matter, please call:

Michelle Camp

(Name of Person)

at ( 801 ) 486-4182

(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. Express 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. Utah

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

3. 87-0551835

(FEI number, if applicable)

4. 01/19/1996

(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. 2790 Decker Lake Drive, West Valley, UT 84119

(Principal office address)

same

(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)

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TALLAHASSEE, FLORIDA

**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** *SEE ATTACHMENT*

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Dan Clair Rich

Address: 2790 Decker Lake Drive

West Valley, UT 84119

Vice President: Dayer Worrall

Address: 2790 Decker Lake Drive

West Valley, UT 84119

Secretary: Michelle Camp

Address: 2790 Decker Lake Drive, West Valley, UT 84119

Treasurer: Michelle Camp

Address: 2790 Decker Lake Drive, West Valley, UT 84119

**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. Dan C. Rich, President/Director/Owner

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

**Attachment to Florida  
Officers & Directors**

1	Full Name:	Dan Clair Rich
	Officer/Director:	Officer, Director
	Officer's Title:	President/Owner
	Director's Title:	Director
	Business Address:	2790 Decker Lake Drive
	City:	West Valley
	State:	UT
	ZIP Code:	84119
2	Full Name:	Dayer Worrall
	Officer/Director:	Officer, Director
	Officer's Title:	Vice President
	Director's Title:	Director
	Business Address:	2790 Decker Lake Drive
	City:	West Valley
	State:	UT
	ZIP Code:	84119



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**

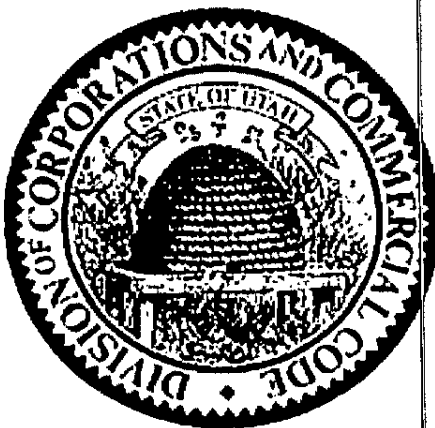
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

11/25/2008  
1294365-013011252008-1529749

## **CERTIFICATE OF EXISTENCE**

<b>Registration Number:</b>	1294365-0130
<b>Business Name:</b>	EXPRESS RECOVERY SERVICES, INC.
<b>Registered Date:</b>	December 20, 1999
<b>Entity Type:</b>	Collection Agency - Domestic
<b>Current Status:</b>	Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division; and, that Articles of Dissolution have not been filed.



Kathy Berg  
Director  
Division of Corporations and Commercial Code