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2001 FEB II P 12: 5

FEB 12 2009 D. A. WHITE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Receivables Management, 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:
Rager D. Wood (Name of Person)
(Name of Person)
Receivables Management, Inc. (Firm/Company)
(Firm/Company)
3348 Ridge Rd. (Address)
(Address)
Lansing, IL 60438
(City/State and Zip code)
For further information concerning this matter, please call:
Volene Wood at (708) 455-4030 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations MAILING ADDRESS: New Filing Section Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\sum \frac{1}{2}\$\$ \$78.75 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy \$87.50 Filing Fee, Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORI	
Receivables Management Inch	CRETARY DE
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATION. Receivables Management, Inc., "Corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.")	STATE ORION
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting bus	iness in Florida)
(State or country under the law of which it is incorporated) 3. 36-38/3596 (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable	e)
. 1-31-1992 5. perpetual (Duration: Year corp. will cease to exist	
(Date of incorporation) (Duration: Year corp. will cease to exist	or "perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
3348 Ridge Rd Lansing IL 6043	0
(Principal office address) 3348 Ridge Rd, Lansing, IL 6043 (Principal office address) 3348 Ridge Rd, Lansing, IL 604 (Current mailing address)	2
3348 Ridge Rd. Lansing IL 604	'3¢
(Current mailing address)	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Karen M. Wood	
Name: Karen M. Wood Office Address: 1040f Braden Run	
Bradenton, Florida 34202 (City) (Zip code)	
(City), Florida, Florida, (Zin code)	
 Registered agent's acceptance; Iaving been named as registered agent and to accept service of process for the above stated corp 	oration at the place
esignated in this application, I hereby accept the appointment as registered agent and agree to a	-
urther agree to comply with the provisions of all statutes relative to the proper and complete per	formance of my duties
nd I am familiar with and accept the obligations of my position as registered agent.	
12	
Karen M. Wood	
(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: _____ Address: Vice Chairman: _____ Address: _____ Address: Director: _____ Address: B. OFFICERS President: Roger D wood Address: 1021 E Cambridge Drive Scherer ville, IN 46375 Vice President: Address: _____

Address:

Treasurer: Jolene Wood

Address: 1021 E Cambridge Drive, Schererville, IN 46375

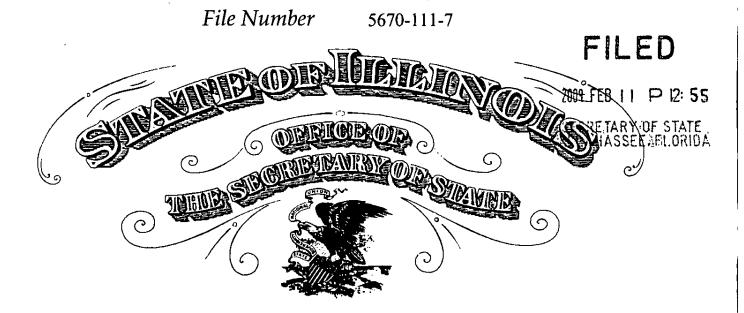
NOTE: If necessary, you-may attach an addendum to the application listing additional officers and/or directors.

Secretary: _____

(Signature of Director or Officer listed in number 12 of the application)

14. Rager D. Wood, President

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

RECEIVABLES MANAGEMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 31, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0902902136

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH

day of

JANUARY

2009

SECRETARY OF STATE

FILED

