

2/17/09

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 FEB 16 PM 3:23

TO: New Filing Section
Division of Corporations

SUBJECT: FRS 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:

BJ CORDOVA

(Name of Person)

FRS Inc.

(Firm/Company)

1157 DUTCH BROADWAY

(Address)

VALLEY STREAM, NY 11580

(City/State and Zip code)

For further information concerning this matter, please call:

BJ CORDOVA

(Name of Person)

at (917) 373-2829

(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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2009

BJ CORDOVA
1157 DUTCH BROADWAY
VALLEY STREAM, NY 11580

SUBJECT: FINANCIAL INSTITUTION RECOVERY SERVICES, INC.
Ref. Number: W09000005291

We have received your document for FINANCIAL INSTITUTION RECOVERY SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 909A00003882

RECEIVED
DEPARTMENT OF STATE
09 FEB 16 PM 12:24

**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. FINANCIAL INSTITUTION RECOVERY SERVICES, INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FRS Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Atlanta , ga

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

3. 26-3649952

(FEI number, if applicable)

4. 05/08/1995

(Date of incorporation)

5. Perpetual

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

6. March 15, 2009

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

7. 1157 Dutch Broadway Valley stream , N.Y. 11580

(Principal office address)

1157 Dutch Broadway Valley stream , N.Y. 11580

(Current mailing address)

8. Debt Consultation

(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: **Delroy Russell**

Office Address: **649 NW 183 ST**

Miami, Florida **33169**

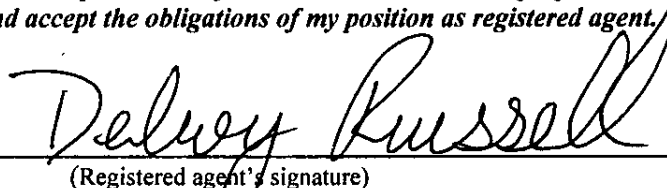
(City)

(Zip code)

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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:

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A. DIRECTORS

Chairman: Shakaroah Miller

Address: 1157 Dutch Broadway Valley Stream NY 11580

Vice Chairman: BJ CORDOVA

Address: 1157 Dutch Broadway Valley Stream NY 11580

Director: Delroy Russell

Address: 649 NW 183 ST Miami Florida 33169

Director: _____

Address: _____

B. OFFICERS

President: Shakaroah Miller

Address: 1157 Dutch Broadway Valley Stream NY 11580

Vice President: Benjamin Cruz

Address: 92-11 102ND ST Richmond Hill NY 11418

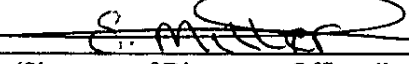
Secretary: Delroy Russell

Address: 649 NW 183 ST Miami Florida 33169

Treasurer: Delroy Russell

Address: 649 NW 183 ST Miami Florida 33169

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

Control No. **K515059**

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

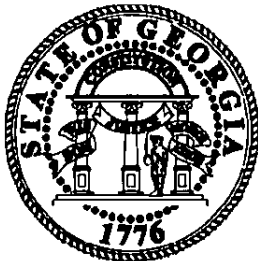
FINANCIAL INSTITUTION RECOVERY SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 05/08/1995 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of January, 2009

Karen C Handel
Secretary of State

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