## F09000002829

(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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SECRETARY OF STATE
TALLAHASSEE, FLOWBA

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: 1SA Acceptance	orporation e of Corporation
DOCUMENT NUMBER: F09000	002829
The enclosed Affidavit by Foreign Corporation is submitted for filing.	o Change/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning this	matter to the following:
All IS DN EVANS Name of Contact Person	
ISA Acceptance Co-	poration
2564 RICE Street	
St. Paul MN 55113 City/State and Zip Code	<del></del>
Allison @ Isaacceptance.  E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pl	ease call:
Allison Evans at (	4849850 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida	Department of State for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER AND/OR DIRECTOR(S)

(Note: Applicable only during the	tirst calendar year of qualification)
1. The name of the foreign corporation as it appear	s on the records of the Florida Department of State is:
ISA Acceptance	orporation
2. This entity was authorized to transact business in	n Florida on 8/10/2009 and its Florida documen
number is <b>F090000</b> 2829	1 1
3. This corporation was formed under the laws of _	Nevada
4. The name and address of each officer and/or direction	ector is as follows:
<u>Title:</u>	Name and Address
President	Marcel L Fields
1	2564 Rice Street
	St. Paul MN 55113
Vice President	Bernard Brodkorb
	2560 Rice Street
	St. Paul MN 55113
Secretary	Bernard Brodkerb
	2560 Rice Street
	St. Paul MN 55113
(Veasurer	Bernard Brodkorb
	2560 Rices Street
	St. Paul MN 55113 ages if necessary)
(Attach additional p	ages if necessary)
Server Son of Contract of Contract of an officer or directed	Vice President Title of person signing
and Brody and	
ed or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314