

FO9000004427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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4099  
W09-47912



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10/26/09--01032---004 \*\*70.00

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DIVISION OF CORPORATIONS  
2009 NOV -9 PM 12:28

11/12/09

## COVER LETTER

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

**SUBJECT:** Pro Debt Solutions, 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:

Robert Powell

(Name of Person)

Collection Licensing, LLC

(Firm/Company)

P. O. Box 630995

(Address)

Littleton, CO 80163

(City/State and Zip code)

For further information concerning this matter, please call:

Robert Powell (robert@collectionlicensing.com)

(Name of Person)

at ( 303 ) 451-1586

(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

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October 27, 2009

ROBERT POWELL  
POST OFFICE BOX 630995  
LITTLETON, CO 80163

*Corrected & returned  
11/5/09*

SUBJECT: PRO DEBT SOLUTIONS, INC.  
Ref. Number: W09000047912

We have received your document for PRO DEBT SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 509A00034106

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**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. Pro Debt Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Pro Debt Solutions, Inc. of California  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CA 3. 26-3461973  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/17/2008 5. Perpetual  
(Date of incorporation) (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. 314 S. Melrose Dr., #200 Vista, Ca 92081  
(Principal office address)
- 314 S. Melrose Dr., #200 Vista, Ca 92081  
(Current mailing address)
8. Passive debt buyer  
(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: NRAI Services, Inc.
- Office Address: 2731 Executive Park Dr., Ste 4
- Weston, Florida 33331  
(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.*

NRAI Services, Inc.

  
(Registered agent's signature) Michael J. Mirlone, Asst 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.

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

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**A. DIRECTORS**

Chairman: Andrew Bloom

Address: 314 S. Melrose Dr., #200 Vista, Ca 92081

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Andrew Bloom

Address: 314 S. Melrose Dr., #200 Vista, Ca 92081

Vice President: Marisa Bloom

Address: 314 S. Melrose Dr., #200 Vista, Ca 92081

Secretary: Andrew Bloom

Address: 314 S. Melrose Dr., #200 Vista, Ca 92081

Treasurer: Andrew Bloom

Address: 314 S. Melrose Dr., #200 Vista, Ca 92081

**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.

Andrew Bloom, President

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

**State of California  
Secretary of State**

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**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**PRO DEBT SOLUTIONS, INC.**

**FILE NUMBER:** C3116162  
**FORMATION DATE:** 07/17/2008  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
heraby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 12, 2009.

*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**