

F09000004747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

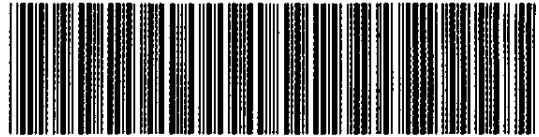
(Business Entity Name)

(Document Number)

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

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FILLU  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12/3/09

## COVER LETTER

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

**SUBJECT:** Creditmax Collection Agency, 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," or "Certificate of Good Standing" 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:

Michael E. Cook

Name of Person

Creditmax Collection Agency, Inc.

Firm/Company

12820 Coldwater Road, Suite G

Address

Fort Wayne, IN 46845

City/State and Zip code

mcook@creditmax1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. Cook

Name of Person

at ( 260 ) 637-0257

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 Cop    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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. Creditmax Collection Agency, 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. Indiana

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

3. 35-1959127

(FEI number, if applicable)

4. July 21, 1995

(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. 12820 Coldwater Road, Suite G, Fort Wayne, IN 46845

(Principal office address)

12820 Coldwater Road, Suite G, Fort Wayne, IN 46845

(Current mailing address)

8. Consumer Collection Agency

(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: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.*

Janice Full on behalf of Incorp Services, Inc.  
(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.

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

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DIVISION OF CORPORATION

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**A. DIRECTORS**

Chairman: Richard L. Holden

Address: 16007 Kestrel Drive  
Huntertown, Indiana 46748

Vice Chairman: Ryan DeVoe

Address: 1863 Hourglass Drive  
Carmel, IN 46032

Director: James DeVoe, Jr.

Address: 435 Breakwater Drive  
Fishers, IN 46038

Director: Steve Wedding

Address: 5033 St. Charles Place  
Carmel, IN 46033

**B. OFFICERS**

President: Richard L. Holden

Address: 16007 Kestrel Drive  
Huntertown, IN 46748

Vice President: Ryan DeVoe

Address: 1863 Hourglass Drive  
Carmel, IN 46032

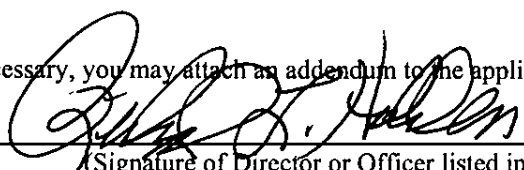
Secretary: Jeffrey Higgins

Address: 12802 Hamilton Crossing Blvd., Carmel, IN 46032

Treasurer: James DeVoe, Jr.

Address: 435 Breakwater Drive, Fishers, IN 46038

**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. Richard L. Holden, President  
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

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To Whom These Presents Come, Greetings:

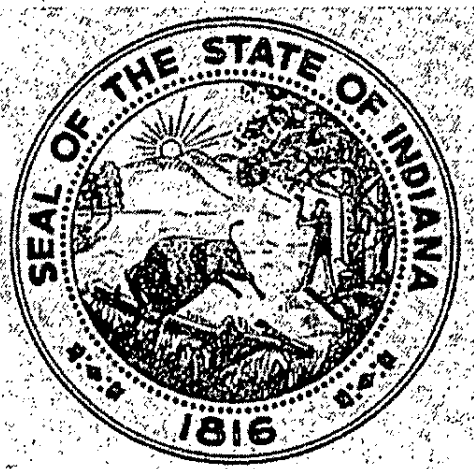
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**CREDITMAX COLLECTION AGENCY, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 21, 1995, and was in existence or authorized to transact business in the State of Indiana on November 17, 2009.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventeenth Day of November, 2009.

A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA, Secretary of State

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