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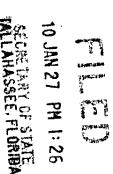
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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Special Instructions to Filing Officer:						

Office Use Only



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EP 1/28/10

### HC Recovery, Inc. 9820 East 41st Street, Suite 303 Tulsa, OK 74146

State of Florida FL Reg Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

RE: HC Recovery, Inc.

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Mark Robertson HC Recovery, Inc. PO Box 849 Springdale, AR 72764

If you have any questions regarding this application, please contact:

Mark Robertson HC Recovery, Inc. Phone: (479) 750-6700

Fax: (888) 621-7978

Email: mark.robertson@hcrecoveryinc.com

**Enclosures** 

#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: HC Recovery, Inc.		
Name of corporati	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	tanding" and check are sub-	
Please return all correspondence concerning this mat	ter to the following:	
Thoma	s Center	
Name	of Person	
HC Reco	very, Inc.	
Firm/C	ompany	
PO B	ox 849	
Ad	dress	
Springdale	, AR 72764	
	e and Zip code	
warren.center	@hccredit.com	
E-mail address: (to be use	d for future annual report n	otification)
For further information concerning this matter, pleas	e call:	
Jennifer Cleveland at ( 952	) 259-4237	
	ea Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
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

## 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.	HC Recovery, Inc.							
	(Enter name of corporation; must include "INCORPORAT "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"					
	(If name unavailable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida)					
2.	Oklahoma	_ 3.	27-1397316					
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	12/02/2009	5.	Perpetual	د دور				
	(Date of incorporation)		(Duration: Year corp. will cease to exist of "retpetor")	er c				
6.	Upon Qualification			, with				
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
	(SEE SECTIONS 607.1301 & 60	)7.1;	502, F.S., to determine penalty hability)	•				
7	9820 East 41st Street, Suite 303, Tulsa, OK 74146							
	(Principal office address)							
	PO Box 849, Springdale, AR 72764							
	(Current mailing	add	ress)					
8.	Debt Collection							
	(Purpose(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)					
9.	Name and street address of Florida registered agent:	(P.C	D. Box NOT acceptable)					
	Name: <u>C T Corporation System</u>							
O	ffice Address: 1200 South Pine Island Road		<del></del>					
	Plantation		, Florida <u>33324</u>					
	(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.

By: Acres Jeanne Nelson
(Registered agent's signature)

Assistant 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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: Clifton C Scogin	
Address: 203 E Emma Ste A	
Springdale, AR 72764	
Director:	
Address:	F. 11
	William .
B. OFFICERS	T T
President: Thomas W Center	
Address: 203 E Emma Ste A	2
Springdale, AR 72764	
Vice President: Clifton C Scogin	
Address: 203 E Emma Ste A	
Springdale, AR 72764	
Secretary: Michael F Vogle	
Address: 9820 East 41st Street, Suite 303, Tulsa, OK 74146	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  (Signature of Director or Officer listed in number 12 of the application)	
14. Jennifer Cleveland, pursuant to power of attorney	
(Typed or printed name and capacity of person signing application)	

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#### Collectors Insurance Agency, Inc. Power of Attorney

NOTICE IS HEREBY GIVEN THAT HC Recovery, Inc., ("Entity") an entity organized under the laws of Oklahoma, does hereby appoint Catherine Ramstad, Jennifer Cleveland, Robin Buendiger, Janis St. Martin and Joleen Schwartz while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein. The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses; permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 19th day of the restriction of the 19th day of the November, 2009.

> Signature of Authorized Entity Representative Clifton C. Sepain, Chief Finnia Officer Print Name and Title

Sworn to and subscribed before me this 19th of November, 2009.

Notary Public, State of Commission Expires:

OFFICIAL SEAL MARILYN S. CHICKEN NOTARY PUBLIC-ARKANSAS WASHINGTON COUNTY MY COMMISSION EXPIRES: 05-17-15



#### OFFICE OF THE SECRETARY OF STATE



#### CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>HC RECOVERY, INC.</u> whose registered agent is The Corporation Company, with its registered office at 735 First National Building 120 N. Robinson Oklahoma City 73102 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 13th, day of Janua 2010.

Secretary Of State