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J. STANOR MAY 27 2011

COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJ	Name of corporation - must include suffix			
	Name of corporation - must menude surfix			
Dear S	r or Madam:			
"Certif	losed "Application by Foreign Corporation for Authorization to Transact Business in Florida," cate of Existence," or "Certificate of Good Standing" and check are submitted to register the eferenced foreign corporation to transact business in Florida.			
Please	eturn all correspondence concerning this matter to the following:			
Len /	Anderson			
	Name of Person			
Ster	n & Associates, PA			
Firm/Company				
415 N Edgeworth St., STE 210				
	Address			
Gree	nsboro NC 27401			
	City/State and Zip code			
Lande	erson@sternrecovery.com			
	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
Len A	m_{e^*}	egue,		
	Name of Person at (336) 2720800 Area Code & Daytime Telephone Number Single Sin	ماند اوروا		
	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			
Enclose	d is a check for the following amount:			
✓ \$7	0.00 Filing Fee \$\ \text{Certified Copy} \] \$78.75 Filing Fee & \text{Certified Copy} \] \$87.50 Filing Fee, \text{Certified Copy} \] 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.

Stern & Associates, Inc. (Enter name of corporation; must include "INCORPORATED "Inc. " "Com." "Inc. " "Com." "Inc. " "Com." "Inc. " "Com." "Inc. " "Com." "Inc. " "Com." "Inc. " "Com." "Inc. " "Com." "Inc. " "Com." "Inc. " "Com." " " "Com." " "Com." " "Com." " " "Com." " " "Com." " " "Com." " " " " " " " " " " " " " " " " " "	," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Stem law office, Fuc.		
(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
2. North Carolina 3.	561750825	
(State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4. September 9, 1991 5.	Perpetual	
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6.		
(Date first transacted business i	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7, 415 N Edgeworth St., STE 210, Greensb	oro NC 27401	
(Principal office add	iress)	
415 N Edgeworth St., STE 210, Green	sboro NC 27401	
(Current mailing add	dress)	
8. Third party debt collection, medical sen	vice providers ountry to be carried out in state of Florida)	au c
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	-
9. Name and street address of Florida registered agent: (P.C	O. Box NOT acceptable)	F
Name: NRAI Services, Inc.		
Office Address: 2731 Executive Park Dr., Su	光 石 35	
Westun (City)	, Florida 33331	
(City)	(Zip code)	
	ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties	,
NRAI Services, Inc		

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.

Christian Eubanks, Assistant Secretary

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Sidney J Stern III Address: 415 N Edgeworth St., STE 210 Greensboro NC 27401 Vice Chairman: _ _ ____ Address: __ **B. OFFICERS** President: Sidney J Stern III Address: 4 Magnolia Ct Greensboro NC 27401 Vice President: Jennifer S Nikouyeh Address: 900 Hill St Greensboro NC 27408 Secretary: Leonard W Anderson Jr Address: 1502 Double Oaks Rd., Greensboro NC 27410 Treasurer: Sidney J Stern III Address: 4 Magnolia Ct., Greensboro NC 27401 NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Sidney J Stern III President
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

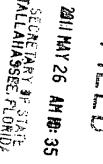
CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

STERN & ASSOCIATES, P.A.

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of September, 1991, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of May, 2011.

Secretary of State

6 laine I. Marshall