

F110000002923

(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:

Office Use Only

645-6540
W11000036344

\$800.00



100209458781

07/20/11--01002--001 **800.00

07/07/11--01021--004 **78.75

FILED
11 JUL 15 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2011

REGGIE MORRIS
454 MOSS TRAIL
GOODLETTSVILLE, TN 37072

SUBJECT: PROFESSIONAL RECOVERY MANAGEMENT, INC. D/B/AS
Ref. Number: W11000036344

We have received your document for PROFESSIONAL RECOVERY MANAGEMENT, INC. D/B/AS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

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: 511A00016364

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROFESSIONAL RECOVERY MANAGEMENT, 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:

REGGIE MORRIS

Name of Person

FOX COLLECTION CENTER

Firm/Company

454 MOSS TRAIL

Address

GOODLETTSVILLE TN 37072

City/State and Zip code

reggie@foxcollection.com

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

For further information concerning this matter, please call:

REGGIE MORRIS

Name of Person

at (615) 351-6954

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED
11 JUL 15 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. PROFESSIONAL RECOVERY MANAGEMENT, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FOX COLLECTION CENTER

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE

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

3. 26-3216538

(FEI number, if applicable)

4. 9-15-2008

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. March 9, 2009

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 454 Moss Trail, Goodlettsville, TN 37072

(Principal office address)

P O Box 528, Goodlettsville, TN 37070

(Current mailing address)

8. DEBT COLLECTION

(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: (F.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Rd

c/o C T Corporation System

Plantation,

(City)

Florida 33324

(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.

CT Corporation System by:

Daniel J. Moravits

(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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PETER REGINALD MORRIS

Address: 454 MOSS TRAIL

GOODLETTSVILLE, TN 37072

Vice President: FRANK B FOX

Address: 454 MOSS TRAIL

GOODLETTSVILLE, TN 37072

Secretary: MOLLY GREEN MORRIS

Address: 454 MOSS TRAIL, GOODLETTSVILLE, TN 37072

Treasurer: JOANN BIRDWELL

Address: 454 MOSS TRAIL, GOODLETTSVILLE, TN 37072

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

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. FRANK B FOX

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

FILED
11 JUL 15 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

FRANK FOX
454 MOSS TRAIL
Goodlettsville, TN 37072

Request Type: Certificate of Existence/Authorization
Request #: 0042247

Issuance Date: 07/05/2011
Copies Requested: 1

Document Receipt

Receipt #: 505679

Filing Fee: \$40.00
\$40.00

Payment-Check/MO - FOX COLLECTION CENTER, Goodlettsville, TN

Regarding: PROFESSIONAL RECOVERY MANAGEMENT, INC.

Filing Type: Corporation For-Profit - Domestic

Formation/Qualification Date: 09/15/2008

Status: Active

Duration Term: Perpetual

Control #: 586112

Date Formed: 09/15/2008

Formation Locale: Davidson County

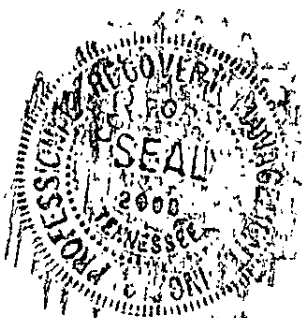
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PROFESSIONAL RECOVERY MANAGEMENT, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.



Tre Hargett
Tre Hargett
Secretary of State

Processed By: Sheila Keeling