

F12000004547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

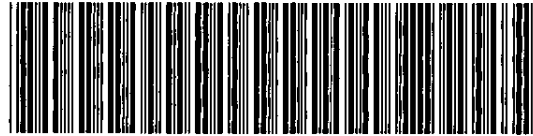
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600240900496

10/19/12--01021--004 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV -7 AM 11:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

12 NOV -7 AM 10:38

October 22, 2012

FREDERICK F FEITEL
247 GULFVIEW DR
ISLAMORADA, FL 33036-4112

SUBJECT: HURON RECOVERY INCORPORATED
Ref. Number: W12000053966

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 112A00025910

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HURON RECOVERY INCORPORATED

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:

FREDERICK F.FEITEL

Name of Person

HURONRECOVERY INCORPORATED

Firm/Company

247 GULFVIEW DRIVE

Address

ISLAMORADA, FL 33036-4112

City/State and Zip code

huronrecovery@comcast.net

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

For further information concerning this matter, please call:

FRED FEITEL

Name of Person

at (734) 276.2485

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 TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. HURON RECOVERY INCORPORATED

(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. MICHIGAN 3. 38-223 1689

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

(FBI number, if applicable)

4. 11-16-1978 5. PERPETUAL

(Date of incorporation)

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

6. N.A.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 24500 GODDARD ROAD, TAYLOR, MI 48180

(Principal office address)

247 GULFVIEW DR., ISLAMORADA, FL 33036

(Current mailing address)

8. ANY AND ALL FOR PROFIT PURPOSES ALLOWED BY STATE OF FLORIDA

(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: FREDERICK FEITEL

Office Address: 247 GULFVIEW DR.

ISLAMORADA

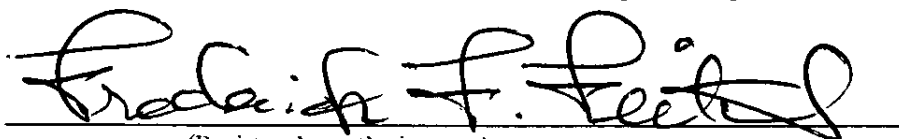
(City)

, Florida 33036

(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.



(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV - 7 AM 11:55

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

A. DIRECTORS

Chairman: FREDERICK F. FEITEL

Address: 247 GULFVIEW DR.
ISLAMORADA, FL 33036

Vice Chairman: N.A.

Address: _____

Director: N.A.

Address: _____

Director: N.A.

Address: _____

B. OFFICERS

President: FREDERICK F. FEITEL

Address: 247 GULFVIEW DR.
ISLAMORADA, FL 33036

Vice President: _____

Address: _____

Secretary: FREDERICK F. FEITEL

Address: 247 GULFVIEW DR., ISLAMORADA, FL 33036

Treasurer: FREDERICK F. FEITEL

Address: 247 GULFVIEW DR., ISLAMORADA, FL 33036

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV -7 AM 11:55

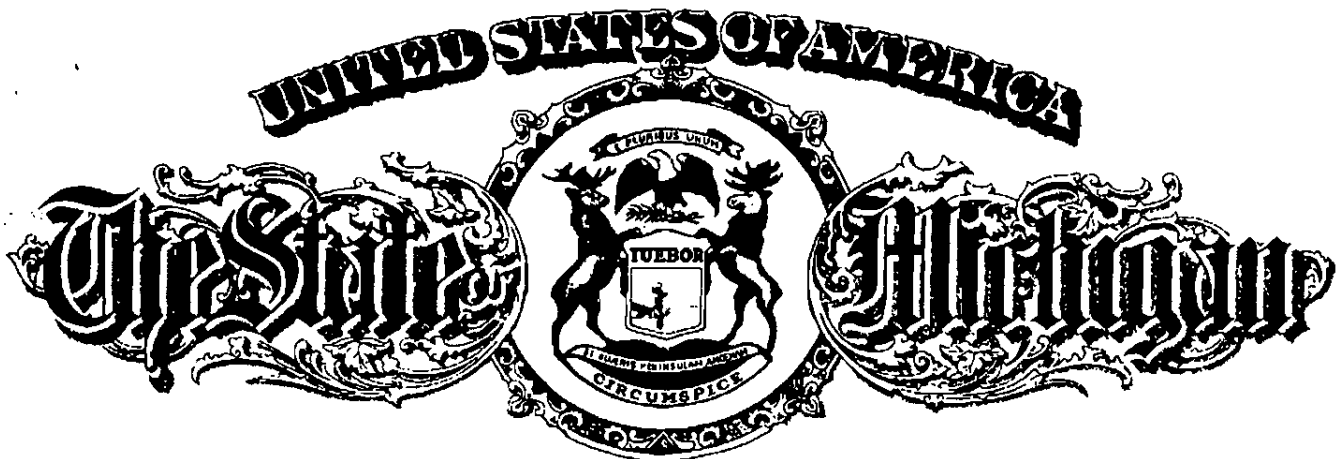
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Frederick F. Feitel, PRES.
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. FREDERICK F. FEITEL, PRESIDENT

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



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HURON RECOVERY INCORPORATED

was validly incorporated on November 16, 1978, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 29th day of October, 2012.

Director

Bureau of Commercial Services

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV - 7 AM 11:55