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(Requestor's Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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July 15, 2013

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

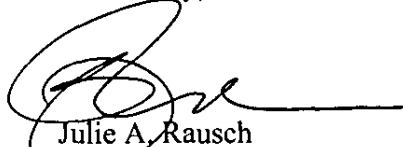
Re: Capps Inc., d/b/a Collection Attorney Professionals, Inc.
Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir or Madame:

Enclosed please find our application for authority to transact business in Florida by a foreign corporation. I have also enclosed an additional copy for return to us as well as a check in the amount of \$78.75 for the filing fee and a Certificate of Status.

The State of Wisconsin's certified copy of a certificate of good standing for Capps, Inc., is also enclosed. Wisconsin now issues these with code to validate authenticity. If there are any deficiencies or you need anything further, please contact me at the number below. If all is satisfactory, please file at your earliest convenience and return a Certificate of Status to me. Thank you for your assistance in this matter.

Yours truly,



Julie A. Rausch
RAUSCH, STURM, ISRAEL, ENERSON & HORNIK, LLC
Direct Line: 262-796-5604

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STATE
TREASURY
FLORIDA

JAR/slf
Enclosure

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Capps, 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:

Julie A. Rausch

Name of Person

Rausch, Sturm, Israel, Enerson & Hornik, LLC

Firm/Company

250 N. Sunnyslope Road, Suite 300

Address

Brookfield, WI 53005

City/State and Zip code

jrausch@rsieh.com ✓

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

For further information concerning this matter, please call:

Julie Rausch

Name of Person

at (262) 796-5604

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. Capps, Inc.

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

Collection Attorney Professionals, Inc.

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

2. Wisconsin

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

3. 39-1271964

(FEI number, if applicable)

4. 4/15/1977

(Date of incorporation)

5. perpetual

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

6. Not yet transacted business

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

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

7. 250 N. Sunnyslope Road, Suite 300, Brookfield, WI 53005

(Principal office address)

same as above

(Current mailing address)

8. labor management

(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:

William C. Sturm

Office Address:

110 E. Broward Blvd., Suite 1700

Fort Lauderdale

(City)

, Florida

33301

(Zip code)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William M. Sturm

Address: 250 N. Sunnyslope Road, Suite 300

Brookfield, WI 53005

Director: Gregory W. Enerson

Address: 250 N. Sunnyslope Road, Suite 300

Brookfield, WI 53005

B. OFFICERS

President: William M. Sturm

Address: 250 N. Sunnyslope Road, Suite 300

Brookfield, WI 53005

Vice President: Gregory W. Enerson

Address: 250 N. Sunnyslope Road, Suite 300

Brookfield, WI 53005

Secretary: Gregory W. Enerson

Address: 250 N. Sunnyslope Road, Suite 300

Treasurer: William M. Sturm

Address: 250 N. Sunnyslope Road, Suite 300, Brookfield, WI 53005

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. William M. Sturm, President

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

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13 JUL 16 AM 9:44
STATE OF WISCONSIN
FALL RIVER, WISCONSIN

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CAPPS, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 15, 1977.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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CLERK OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 15, 2013.

Paul M. Holzem

PAUL M. HOLZEM, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: **124098-2FDC78ED**