

F13000005029

(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



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10/17/13--01022--021 \*\*70.00

FILED  
13 NOV 18 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13 - 58055

K 11/20/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2013

JEFF WOOD  
PINNACLE LICENSING SOLUTIONS, INC.  
103 N. GOLIAD, SUITE 204  
ROCKWALL, TX 75087

SUBJECT: GLOBAL RECOVERY GROUP INC.  
Ref. Number: W13000058055

RECEIVED  
13 NOV 18 AM 10:40  
FILING SECTION

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

Page one of the application was not recieved.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00024451

*App  
Reg. Agents Accept.  
Copy of this letter to FL-SOS*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Global Recovery Group 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:

Jeff Wood

Name of Person

PINNACLE Licensing Solutions, Inc.

Firm/Company

103 N. Goliad, Suite 204

Address

Rockwall, TX 75087

City/State and Zip code

jeff@choosePINNACLE.com

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

For further information concerning this matter, please call:

Jeff Wood

Name of Person

at ( 214 ) 329-4529

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



October 7, 2013

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: application to Withdrawal the Authority to do Business in Florida for Global Recovery Group LLC  
and an application for Certificate of Authority to do Business in Florida for Global Recovery Group Inc.

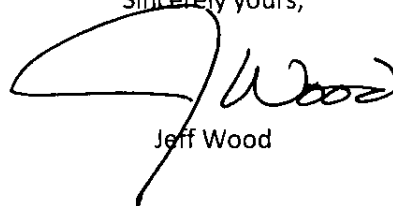
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To whom it may concern –

Enclosed please find two documents. The first is an application for the Cancellation of Authority to do business in Florida for Global Recovery Group LLC and the second is an application for Authority to do business in Florida for Global Recovery Group Inc. You will also find two checks in the required amounts and any other documents that are required to be submitted with this applications. Please send any filed documents or certificates or questions to the undersigned at:

Pinnacle Licensing Solutions, Inc.  
103 N. Goliad, Suite 204  
Rockwall, TX 75087

Sincerely yours,



Jeff Wood

Enclosures

**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. Global Recovery Group Inc.  
(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. Wyoming 3. 45-4080470  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/24/2013 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1721 W. Greentree Dr., Suite 101B Tempe, AZ 85284  
(Principal office address)

1721 W. Greentree Dr., Suite 101B Tempe, AZ 85284  
(Current mailing address)

8. third party debt collections and debt buying  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

13 NOV 18 PM 12:00  
SECRETARY OF STATE  
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.*

Maria Ozaeta  
Vice President

Maria Ozaeta  
(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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President John W. Reif

Address: 1721 W. Greentree Dr., Suite 101

Tempe, AZ 85284

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

13. John W. Reif \_\_\_\_\_

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. John W. Reif, President

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

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuances of this certificate have been fulfilled.

**CERTIFICATE OF GOOD STANDING**

OF

**Global Recovery Group LLC a Wyoming Limited Liability Company**

**To**

**Global Recovery Group Inc. a Wyoming Profit Corporation**

**on April 24, 2013**

I FURTHER CERTIFY that this company has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the company in existence in the State of Wyoming.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this Wednesday, October 09, 2013.



*Max Maxfield*  
Secretary of State

By: Rosalie Gonzales

FILED  
13 NOV 18 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA