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Patriot Compliance & Recovery Services, Inc.

2 West Main Street, 2nd Floor Bay Shore, NY 11706

State of Florida FL Reg Section Division of Corporations 2661 Executive Center Circle Clifton Building Tallahassee, FL 32301

RE: Patriot Compliance & Recovery Services, Inc.

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Thomas Force Patriot Compliance & Recovery Services, Inc. PO Box 235 Wst Islip, NY 11795

If you have any questions regarding this application, please contact:

Thomas Force
Patriot Compliance & Recovery Services, Inc.

Phone: (631) 665-1880 x7 Fax: (631) 665-1881

Email: tforce@patriotcompli.com

Enclosures

COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: Patriot C	morpliance & Recovery Services, Inc. Name of corporation - must include suffix ion by Foreign Corporation for Authorization to Transact Business in Florida," e," or "Certificate of Good Standing" and check are submitted to register the morporation to transact business in Florida. Name of Person Every Services, Inc. Firm/Company Floor Address City/State and Zip code 1. E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (631) 665-1880 ext. 7 Area Code & Daytime Telephone Number RIER ADDRESS: New Filing Section Division of Corporations porations Division of Corporations P.O. Box 6327 Center Circle Tallahassee, FL 32314		
	Name of corporat	tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existent	e," or "Certificate of Good S	Standing" and check are sub	
Please return all corres	pondence concerning this ma	itter to the following:	
Thomas Force			
· · · · · · · · · · · · · · · · · · ·	Name	of Person	
Patriot Compliance & Re	covery Services Inc		
Tantot Compilance de 1te		Company	·
2 West Main Street - 2nd	Elecu		
2 West Main Sucet - 2nd		ldress	
Bay Shore, NY 11706	City/Stat	e and Zin code	
	·	e and zip code	
tforce@patriotcompli.cor		ed for future annual report i	notification)
	·	*	,
For further information	concerning this matter, pleas	se call:	
Thomas Force			
Name of Perso	n Ar	ea Code & Daytime Teleph	one Number
New Filing Sec Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	porations g : Center Circle . 32301	New Filing Se Division of Co P.O. Box 6327	ction orporations
Enclosed is a check for	□ \$78.75 Filing Fee &		

Collectors Insurance Agency, Inc. **Power of Attorney**

NOTICE IS HEREBY GIVEN THAT Patriot Compliance & Recovery Services, Inc., ("Entity") an entity organized under the laws of New York , does hereby appoint, Angela Butera, Lisa M. Eubanks, Jeff Schoenberg, Megan Rinsem and Janis St. Martin while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-infact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the

Signature of Authorized Entity Representative

Thomas J. Force, Esq., Pres/CEO/Sec/Treas/Owner

Print Name and Title

Sworn to and subscribed before me

of_

Notary Public, State of New Commission Expires:

ROGER SEEBALD

Notary Public, State of New York Suffolk County No. 01SE6235849 Commission Expires February 14, 20.

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. Patriot Complia	nce & Recovery Services, Inc.		· · · · · · · · · · · · · · · · · · ·	_	
	corporation; must include "INCORPORAT" Corp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	_	
2. New York		_ 3.	26-3645988	_	
(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)		
4. 10/28/2008		5.	Perpetual	_	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6. Upon Qualifica	tion			_	
,			n Florida, if prior to registration)		
	(SEE SECTIONS 607,1501 & 60	77,1;	502, F.S., to determine penalty liability)		
7. 2 West Main Stre	eet - 2nd Floor, Bay Shore, NY 11706			_	
	(Principal office	add	ress)		
· PO Box 235, We	est Islip, NY 11795				
	(Current mailing	add	ress)	_	
•				Ş	ale Name / Name of
8. Debt Collection				14	
(Purpose(s	s) of corporation authorized in home state of	r co	untry to be carried out in state of Florida)	APR	9
9. Name and stree	et address of Florida registered agent:	(P.C). Box <u>NOT</u> acceptable)	ìR 24	077
Name:	C T Corporation System			~0	ر بد ر و برج
Office Address:	1200 South Pine Island Road			H 12: 8	POR AI
	Plantation		, Florida 33324	<u></u>	<u></u>
	(City)		(Zip code)		ψ,

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.

By: Wichele Miller
Assistant Secretary

(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: N/A Address: ____ Address: Director: _ Address: _____ **B.** OFFICERS President: Thomas Force, Esq. Address: 2 West Main Street - 2nd Floor Bay Shore, NY 11706 Vice President: Secretary: Thomas Force, Esq. Address: 2 West Main Street - 2nd Floor, Bay Shore, NY 11706 Treasurer: Thomas Force, Esq. Address: 2 West Main Street - 2nd Floor, Bay Shore, NY 11706 NOTE: If necessary, you may attach an addendum 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. Angela Butera, Attorney-in-Fact

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

State of New York Department of State State of New York

I hereby certify, that the Certificate of Incorporation of PATRIOT COMPLIANCE & RECOVERY SERVICES, INC. was filed on 10/28/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of April two thousand and fourteen.

Anthony Giardina

Executive Deputy Secretary of State

201404080572 * EZ