

F15000000846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

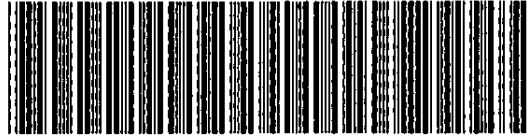
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~0015 11375~~

Office Use Only



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02/12/15--01019--016 \*\*78.75

15 FEB 27 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

VH

## **Receivables Management Corporation**

**1601 Shop Road, Suite D  
Columbia, SC 29201-4855**

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

**RE: Receivables Management Corporation**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Christopher Ray  
Receivables Management Corporation  
PO Box 50685  
Columbia, SC 29250-0685

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

Christopher Ray  
Receivables Management Corporation  
Phone: (803) 776-2030  
Fax: (803) 776-9088  
Email: [chrisray@rmccollect.com](mailto:chrisray@rmccollect.com)

Enclosures

## COVER LETTER

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

**SUBJECT:** Receivables Management of SC Corp.  
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:

Chris Ray  
Name of Person

Receivables Management of SC Corp.  
Firm/Company

1601 Shop Road, Suite D  
Address

Columbia, SC 29201  
City/State and Zip code

chrisray@rmccollect.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Ray at ( 803 ) 776-2030  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2015

CHRISTOPHER RAY  
RECEIVABLES MANAGEMENT CORPORATION  
PO BOX 50685  
COLUMBIA, SC 29250-0685

SUBJECT: RECEIVABLES MANAGEMENT CORPORATION  
Ref. Number: W15000011375

We have received your document for RECEIVABLES MANAGEMENT CORPORATION 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 115A00003259

**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. Receivables Management Corporation

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

Receivables Management of SC Corp.

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

2. South Carolina

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

3. 57-0953707

(FEI number, if applicable)

4. 04/23/1992

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 1601 Shop Road, Suite D, Columbia, SC 29201

(Principal office address)

PO Box 50685, Columbia, SC 29250

(Current mailing address)

8. 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)

9. 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: C T Corporation System

Michele Miller

(Registered agent's signature)

**Michele Miller**  
**Assistant Secretary**

10. 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.

SECRETARY OF STATE  
ALLA HESSE  
FLORIDA

15 FEB 27 PM 4:16

APPROVED  
AND  
FILED

APPROVED  
AND  
FILED

15 FEB 27 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: N/A

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

Vice Chairman: N/A

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

Director: N/A

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

Director: N/A

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

**B. OFFICERS**

President: Christopher Ray

Address: 1601 Shop Road, Suite D, Columbia, SC 29201

Vice President: N/A

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

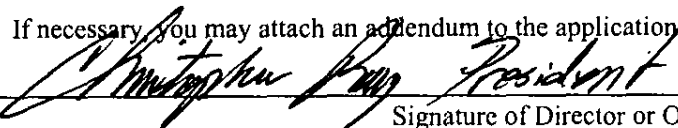
Secretary: N/A

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

Treasurer: Joie Ray

Address: 1601 Shop Road, Suite D, Columbia, SC 29201

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

12.   
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.

13. Christopher Ray, President

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

APPROVED  
AND  
FILED

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


15 FEB 27 PM 4:10

NOTICE IS HEREBY GIVEN THAT Receivables Management Corporation ("Entity") an entity organized under the laws of South Carolina, does hereby appoint, Angela Butera, Lisa M. Eubanks, Jeff Schoenberg, Megan Rinser 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-in-fact 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.

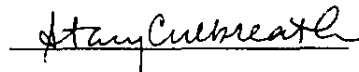
IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 18 day of March, 2014

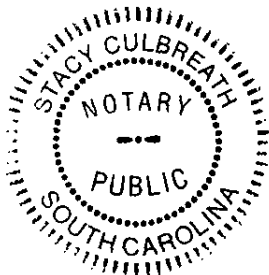
  
Signature of Authorized Entity Representative

Christopher Ray, President/Owner  
Print Name and Title

Sworn to and subscribed before me  
this 18 of March, 2014.

Notary Public, State of South Carolina  
Commission Expires: 9-11-19





# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

15 FEB 27 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

RECEIVABLES MANAGEMENT CORPORATION,  
a corporation duly organized under the laws of the State of South Carolina on April 23rd, 1992, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
15th day of January, 2015.

  
Mark Hammond, Secretary of State