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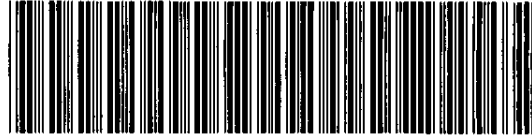
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke with Stephen Rolston
gave permission to correct
principal address.

0116-68560

Office Use Only



000290789380

10/05/16--01020--012 **70.00

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16 NOV -7 PM12:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

NOV 09 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2016

STEPHEN M. RALSTON
430 GREEN TURTLE COVE
SATELLITE BEACH, FL 32937

SUBJECT: WILSHIRE RECOVERY SERVICES, INC.
Ref. Number: W16000068560

RECEIVED
2016 NOV - 7 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for WILSHIRE RECOVERY SERVICES, 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):

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.

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6051.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 016A00021519

**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. Wilshire Recovery Services, 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. Oregon

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

3. 47-5322856

(FEI number, if applicable)

4. September 14, 2015

(Date of incorporation)

5. _____

(Date of duration, if other than 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. 12759 NE Whitaker Portland, OR 97230

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Stephen M Ralston

Office Address: 430 Green Turtle Cove

Satellite Beach

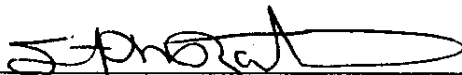
(City)

, Florida 32937

(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.



(Registered agent's signature)

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.

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16 NOV - 7 PM 12:16
STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Charles Ruffenach

Address: 8770 Holiday Springs Rd, Rockledge Fl 32955

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Stephen M Ralston

Address: 430 Green Turtle Cove, Satellite Beach FL 32937

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 11 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. Stephen M Ralston

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

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16 NOV -7 PM 12:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 757F698S8

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

WILSHIRE RECOVERY SERVICES INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*



Jeanne P. Atkins

JEANNE P. ATKINS, SECRETARY OF STATE

10/28/2016

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16 NOV -7 PM 12:16
CLERK OF STATE
HALLMARKS, FLORIDA