

F17000004955

(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



400304812754

11/01/17--01008--Q21 *+78.75

2017 OCT 31 AM 9:24
TALLAHASSEE, FLORIDA

17-OCT-31-AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S. WARREN

NOV 03 2017

**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. Systematic National Collections, 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. California

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

3. _____

(FEI number, if applicable)

4. 08/30/1989

(Date of incorporation)

5. Perpetual

(Date of duration, if other than 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. 1406 S Santa Fe Ave. Vista, CA 92084

(Principal office address)

same

(Current mailing address, if different)

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

(City)

Florida 33324

(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.

C T Corporation System

By: Cristie Myers

Cristie Myers, Assistant Secretary

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 31 AM 11:24

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Suzanna Shields

Address: 1406 S Santa Fe Ave

Vista, CA 92084

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Suzanna Shields

Address: 1406 S Santa Fe Ave

Vista, CA 92084

Vice President: Suzanna Shields

Address: 1406 S Santa Fe Ave

Vista, CA 92084

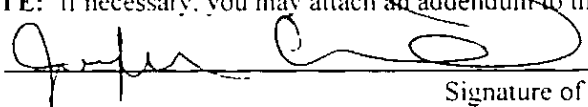
Secretary: Kimberly Shields

Address: 1406 S Santa Fe Ave, Vista, CA 92084

Treasurer: Suzanna Shields

Address: 1406 S Santa Fe Ave, Vista, CA 92084

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. Jennifer Cleveland, Attorney-In-Fact

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

FILED
17 OCT 31 AM 11:24
DEPT. OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

1 Full Name:	Borice Whiting
Officer/Director:	Officer
Officer's Title:	Collection Manager
Director's Title:	
Business Address:	1406 S Santa Fe Ave
City:	Vista
State:	CA
ZIP Code:	92084

FILED
17 OCT 31 AM 11:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SYSTEMATIC NATIONAL COLLECTIONS, INC.

FILE NUMBER: C1467936
FORMATION DATE: 08/30/1989
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 10, 2017.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State

Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT Systematic National Collections, Inc., ("Entity") an entity organized under the laws of California, does hereby appoint, Angela Butera, Janis St. Martin, Jennifer Cleveland, Lisa M. Eubanks, 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 5 day of OCT, 2017

Suzanna Shields

Signature of Authorized Entity Representative

Suzanna Shields, President/Owner

Print Name and Title

Sworn to and subscribed before me
this 5 of OCT, 2017

Notary Public, State of Ca
Commission Expires: 10/9/2020

EVAB

