

F18000003501

(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



300316124573

07/26/18--001079--000 **7000

FILED

2018 JUL 26 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
JUL 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE RECOVERY ASSOCIATES, 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 CAPPELLO
Name of Person
EAGLE RECOVERY ASSOCIATES, INC.
Firm/Company
2601 W. Forrest Hill Ave
Address
PEORIA, IL 61604
City/State and Zip code
jeffc@eagle recovery.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Cappello at (309) 272-4532
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

FILED
2010 JUL 26 PM 4:42
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. EAGLE RECOVERY ASSOCIATES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. DELAWARE 3. 56-2411672
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/31/03 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 2130 W. Brandon Blvd. STE 203
BRANDON FL (Principal office address) 33511
(Current mailing address, if different)

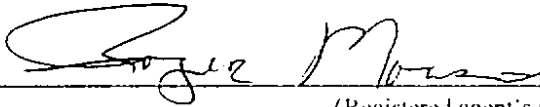
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROGER MORSE

Office Address: 2130 W. Brandon Blvd STE 203
Brandon, Florida 33511
(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.


(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.

2010 JUL 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: GREGORY HANZIKEN

Address: 3332 Suite A West Willow Knolls Dr.
PEORIA, IL 61614

Director: CHARLES HEMMEN

Address: 3332 Suite A West Willow Knolls Dr
PEORIA, IL

B. OFFICERS

President: JEFFREY P. CAPPENW

Address: 2601 W. Forrest Hill Ave
PEORIA, IL 61604

Vice President: _____

Address: _____

Secretary: JEFFREY P. CAPPENW

Address: 2601 W. Forrest Hill Ave, Peoria, IL 61604

Treasurer: JEFFREY P. CAPPENW

Address: 2601 W. Forrest Hill Ave, Peoria, IL 61604

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

12. Jeffrey P. Cappew
Signature of Director or Officer

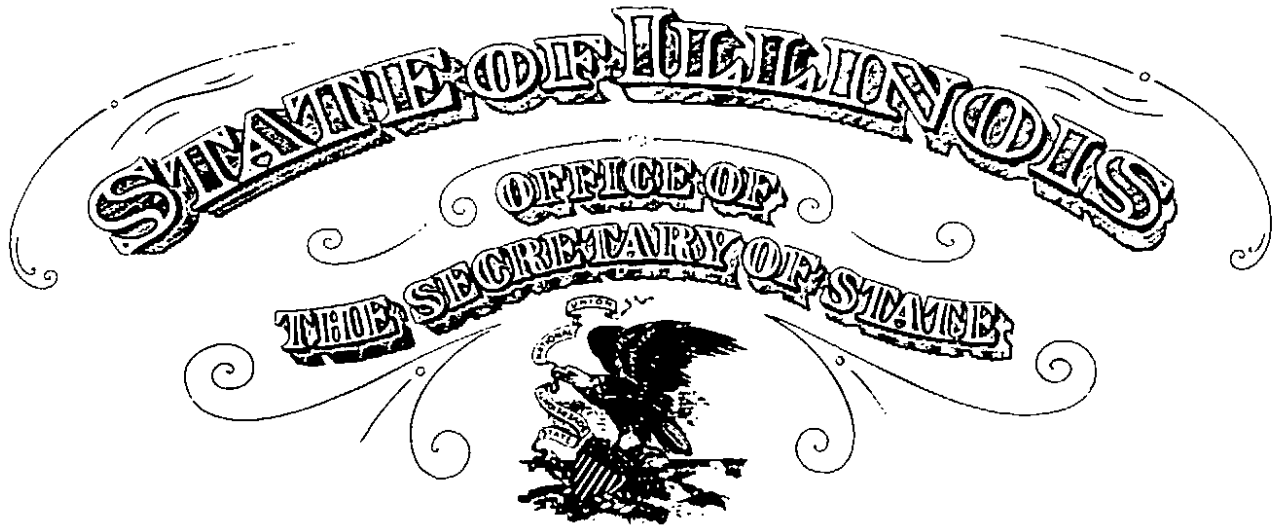
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. JEFFREY P. CAPPENW
(Typed or printed name and capacity of person signing application)

FILED
2011 JUL 26 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

File Number

6327-590-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EAGLE RECOVERY ASSOCIATES, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON DECEMBER 31, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 18TH
day of JULY A.D. 2018 .

Jesse White

SECRETARY OF STATE