

F18000003696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

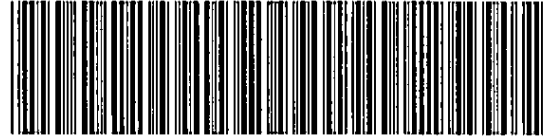
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 13 2018



**Suite 118
7330 W. 33rd Street N.
Wichita, KS 67205
Telephone 866-616-4239
Fax 316-771-8880**

August 7, 2018

VIA UPS MAIL

Florida Department of State
Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Foreign Corporation Registration to Transact Business
Ad Astra Recovery Services, Inc.**

To Whom It May Concern:

Enclosed please find the completed forms to register the foreign corporation, Ad Astra Recovery Services, Inc., to transact business in the State of Florida. You will also find enclosed supporting documents and a check in the amount of \$87.50 for payment of the applicable filing fee, as well as a Certificate of Status and Certified Copy.

Should you have any questions or need any additional information, please do not hesitate to contact me at the information below.

Thank you for your attention to this matter.

Best Regards,


Gabriela Crabtree
Licensing Specialist

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ad Astra Recovery Services, 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:

Gabriela Crabtree

Name of Person

Ad Astra Recovery Services, Inc.

Firm/Company

3527 N. Ridge Road

Address

Wichita, KS 67205

City/State and Zip code

licensingdept@curo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Crabtree

316

425-1120

at (_____) _____

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

**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. Ad Astra 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. Nevada 3. 20-8481855
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/19/2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. This business has not transacted in Florida prior to registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7330 W. 33rd St. N. Suite 118, Wichita, KS 67205
(Principal office address)
3527 N. Ridge Rd., Wichita, KS 67205
(Current mailing address, if different)

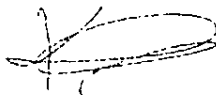
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Registered Agents, Inc.

Office Address: 1200 South Pine Island Road
Plantation 33324
(City) (Zip code)
Florida

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.



Kimberly Bowens, Asst. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Douglas R. Rippel

Address: 7330 W. 33rd St. N. Suite 118

Wichita, KS 67205

Director: Michael McKnight

Address: 7330 W. 33rd St. N. Suite 118

Wichita, KS 67205

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Tracy M. Bengtson

Address: 7330 W. 33rd St. N. Suite 118

Wichita, KS 67205

Vice President: _____

Address: _____

Secretary: Douglas R. Rippel

Address: 7330 W. 33rd St. N. Suite 118, Wichita, KS 67205

Treasurer: Douglas R. Rippel

Address: 7330 W. 33rd St. N. Suite 118, Wichita, KS 67205

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

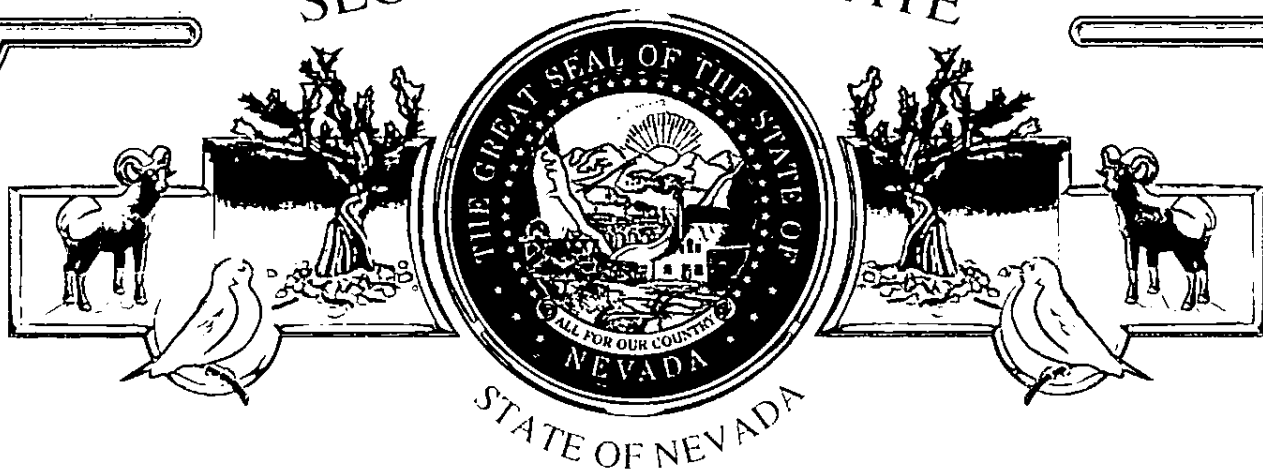
12. Tracy Bengtson
Signature of Director or Officer

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. Tracy M. Bengtson

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AD ASTRA RECOVERY SERVICES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 19, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 1, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State



By *Rhonda T.*

Certification Clerk