

F190000002528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

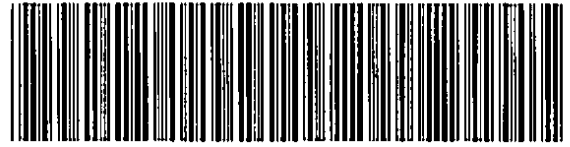
(Business Entity Name)

(Document Number)

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

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MAY 31 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2019

JOSEPH MARK LOGAN  
3241 KENNESAW VIEW DR  
MARIETTA, GA 30064

SUBJECT: CAT RECOVERY SERVICES INCORPORATED  
Ref. Number: W19000045510

*Revised*

2019 MAY 29 PM 1:29

2019 MAY 29 PM 1:29

We have received your document for CAT RECOVERY SERVICES INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Brooke N Kinsey 850-245-6963  
Regulatory Specialist II

Letter Number: 119A00010265

850-245-6051  
#0



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2019

JOSEPH MARK LOGAN  
3241 KENNESAW VIEW DR  
MARIETTA, GA 30064

SUBJECT: CAT RECOVERY SERVICES INCORPORATED  
Ref. Number: W19000045510

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 219A00009375

*Change  
made*

**RECEIVED**

MAY 20 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Cat 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:

Joseph Mark Logan

Name of Person

Cat Recovery Services inc.

Firm/Company

3241 Kennesaw View dr.

Address

Marietta Ga. 30064

City/State and Zip code

Mark@crs1inc.com

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

For further information concerning this matter, please call:

Mark Logan

Name of Person

at

404

Area Code

425-3834

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

05/29/99 02:31:06

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. Cat Recovery Services inc.

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

Catastrophe Recovery Services Incorporated

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

2. USA Georgia

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

3. 20-0314580

(FEI number, if applicable)

4. 10/24/2003

(Date of incorporation)

5. NA

(Date of duration, if other than perpetual)

6. NA

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

7. 3241 Kennesaw View dr. Marietta Ga 30064

(Principal office address)

- Same -

(Current mailing address, if different)

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

Name: Alan Plott

Office Address: 8715 Surf dr. Unit 207

Panama City Beach  
(City)

, Florida 32408  
(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.

Alan Plott

(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.

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

## B. OFFICERS

President: Mark LoganAddress: 1910 Reereburg rd. Silver Creek Ga 30173

Vice President: \_\_\_\_\_

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

Secretary: Alan PlottAddress: 3241 Kennesaw View dr Marietta Ga 30064

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. MARK LOGAN - President

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

Control Number : 0358511

**STATE OF GEORGIA****Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

**CERTIFICATE OF EXISTENCE**

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**CAT RECOVERY SERVICES INC.**

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17159795  
Date Inc/Auth/Filed: 10/24/2003  
Jurisdiction : Georgia  
Print Date : 04/19/2019  
Form Number : 211

*Brad Raffensperger*

Brad Raffensperger  
Secretary of State