

Document Number Only

F95000000385

C T CORPORATION SYSTEM

Requestor's Name

1311 Executive Center Drive, Ste. 200

Address

Tallahassee, FL 32301 (904) 656-8298

City

State

Zip

Phone

CORPORATION(S) NAME

CK Recovery, Inc

300001388718

01/25/95--01009--009

\*\*\*\*\*70.00 \*\*\*\*\*70.00

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS / G/S

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

**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. CK RECOVERY, INC.  
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Virginia  
(State or country under the law of which it is incorporated)
3. November 7, 1994      4. Perpetual  
(Date of Incorporation)      (Duration)
5. 54-1736491  
(Federal Employer Identification number, if applicable)
6. Upon Qualification  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 14 Pidgeon Hill Drive, Suite 300, Sterling, Virginia 20165  
(Current mailing address)
8. To engage in the acquisition, collection and disposition of loans, as well as provide consulting services and engage in related activities.  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

**A. Directors:**

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

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

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

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

Director: Christopher Kallivokas

Address: 14 Pidgeon Hill Drive, Suite 300

Sterling, Virginia 20165

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 JUN 24 PM 1:17

Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of  
CK RECOVERY, INC.**

---

1. Christopher Kallivokas, President, Treasurer  
14 Pidgeon Hill Drive, Suite 300  
Sterling, Virginia 20165
2. Patricia Kallivokas, Secretary  
14 Pidgeon Hill Drive, Suite 300  
Sterling, Virginia 20165
3. Bruce M. Levy, Asst. Secretary  
1120 19th Street NW, Suite 800  
Washington, D.C. 20036

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
95 JUN 24 PM 1:47

**B. Officers:**

President: See attached list of officers

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

Zip Code

**11. 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

Registered agent's signature: \_\_\_\_\_

CONNIE BRYAN  
SPECIAL AGENT

(Officer) *8*

(Typed Name and Title of Officer)

12. 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.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Bruce H. Levy, Assistant Secretary

(Name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

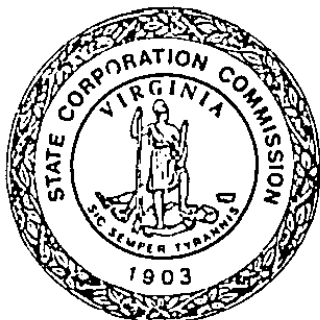
I Certify the Following from the Records of the Commission:

CK Recovery, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is November 07, 1994.

Nothing more is hereby certified.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 24 PM 1:48



Signed and Sealed at Richmond  
on this Date: January 05, 1995

*William J. Bridge*  
William J. Bridge, Clerk of the Commission

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**F950000000385**

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600002226086--7  
 -06/30/97--01044--011  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*F95000000385*  
*211 611 97*  
*6-27-97*  
*20*

Examiner's Initials	
---------------------	--

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS

1.35

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Virginia submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: CK Recovery, Inc.
2. The mailing address of the corporation is: 950 Harndon Parkway, Suite 200, Harndon, VA 22070
3. Date of incorporation/qualification: November 7, 1994 Document number: 895000000385
4. The name and address of the current registered agent and office:

CT Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Richard Hollowell

927 Clint Moore Road

Boca Raton, Florida 33487

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

*Richard K. Hollowell*  
(Signature of an officer, chairman or vice chairman of the board)

3/7/97  
(Date)

Richard K. Hollowell

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

*Richard K. Hollowell*  
(Signature of Registered Agent)

3/7/97  
(Date)

If signing on behalf of an entity:

Richard K. Hollowell  
(Typed or Printed Name)

President & COO  
(Capacity)