

F95000002257

TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

SUBJECT: Potts Recovery, 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", 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:

Robert Potts
(Name of Person)
Potts Recovery, Inc.
(Firm/Company)
3322 Phillip Lane
(Address)
Coega Florida 32926
(City, State and Zip Code)

W95-9085

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-04/28/95--01015--005
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

Robert Potts at (407) 633-3084
(Name of Person) Area Code & Daytime Telephone Number

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DIVISION OF CORPORATIONS
95 MAY - 8 PM 3:20

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. POTTS RECOVERY, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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 3. 54-1639713
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 14, 1992 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 4/1/95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.)

7. 3322 Phillip Lane
Cocoa, FL 32926
(Current mailing address)

8. Repossession
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:
Name: Robert Potts
Office Address: 3322 Phillip Lane
Cocoa, Florida, 32926
(Zip Code)

10. 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.

Robert Potts
(Registered agent's signature)

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

A. DIRECTORS

Chairman: Robert G. Potts Jr.

Address: 3322 Phillip Lane
Cocoa, FL 32926

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert G. Potts Jr.

Address: 3322 Phillip Lane
Cocoa, FL 32926

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT G. POTTS JR.
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

POTTS 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 August 14, 1992.

Nothing more is hereby certified.

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Signed and Sealed at Richmond
on this Date: April 14, 1995

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

F9500002257

EFFECTIVE 7/1/95

PLEASE NOTE:

CHANGE OF ADDRESS & NUMBERS

MAILING
ADDRESS

ROBERT POTTS
POTTS RECOVERY, INC
P.O. BOX 341
MIMS, FLORIDA 32754

PHYSICAL
ADDRESS

ROBERT POTTS
POTTS RECOVERY INC.
4185 HOG VALLEY RD.
MIMS, FLORIDA 32754

Phone - OFFICE & HOME - 407-267-1068
FAX - 407-267-1469

Updated
8/7/95

F95000002257

**POTTS
RECOVERY, INC.**
P.O. Box 341 • Mims, Florida 32754

(City, State, Zip) (Phone #)

OFFICE USE ONLY

200001644162
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*****35.00 *****35.00

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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95 DEC 18 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 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

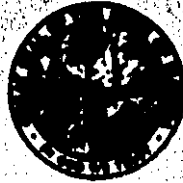
OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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

R.A. Chg.

DEC 21 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 1, 1995

POTTS RECOVERY, INC.
P.O. BOX 341
MIMS, FL 32754

SUBJECT: POTTS RECOVERY, INC.
Ref. Number: F95000002257

We have received your document for POTTS RECOVERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

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 (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 295A00052515

RECEIVED
95 DEC 18 AM 9:08
DIVISION OF CORPORATIONS

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

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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Potts Recovery, Inc.

1b. The mailing address of the corporation is: P.O. Box 341
Mims, FL 32754

1c. Date of incorporation: Aug. 14, 1992 Document number: F9500000225

2. The name and address of the current registered agent and office:

Robert G. Potts Jr.
3322 Phillip Lane
Cocoa Beach, FL 32926

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

Robert G. Potts Jr.
4185 Hog Valley Rd.
Mims, FL 32754

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.

(Signature of an officer, chairman or vice chairman of the board) 11/20/95 (Date)

Robert G. Potts Jr. - Owner / President
(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.

(Signature of Registered Agent) 11/20/95 (Date)

If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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TALLAHASSEE FLORIDA