

F95 000 000 2758

**TRANSMITTAL LETTER**

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

**SUBJECT:** Continental Recoveries 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:

700001471337

-05/02/95--01125--001

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Michael L. Sturms

(Name of Person)

Continental Recoveries Inc.

(Firm/Company)

2621 Lutz Lane

(Address)

Bethel Park, PA 15102

(City, State and Zip Code)

W95-9295

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

Michael Sturms

(Name of Person)

at (412) 831-7521

Area Code & Daytime Telephone Number

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 JUN -8 AM 10:08

FILED



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

**May 3, 1995**

**CONTINENTAL RECOVERIES INC.**  
**% MICHEAL L. STURMS**  
**2621 LUTZ LN.**  
**BETHEL PARK, PA 15102**

**SUBJECT: CONTINENTAL RECOVERIES INC.**  
**Ref. Number: W95000009295**

We have received your document for CONTINENTAL RECOVERIES INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6094.

**Steven Harris**  
Corporate Specialist

**Letter Number: 995A00021309**

**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. Continental Recoveries 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. PA

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

3. 25-175 6787

(FEI number, if applicable)

4. Feb 2 1995

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON Receipt of License

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 2621 Lutz Lane

Bethel Park PA 15102

(Current mailing address)

8. Collection Agency, Billing & Accounts Receivable Work, etc.

(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: William E. Pierce

Office Address: 4526 Melissa Ct. W.

Jacksonville

, Florida, 32210

(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.

William E. Pierce

(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.

FILED  
95 JUN -8 AM 10:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: Michael L. Sturns 232-27-1905

Address: 2621 Lutz Lane  
Bethel PARK PA 15102

Vice Chairman: Debra S. Sturns 232-06-7572

Address: 2621 Lutz Lane  
Bethel PARK PA 15102

Director: Bill Pierce 265-19-3263

Address: 4526 Melissa Ct W  
JACKSONVILLE, FL 32210

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

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

B. OFFICERS

President: Debra S. Sturns 232-06-7572

Address: 2621 Lutz Lane  
Bethel PARK PA 15102

Vice President: Michael Sturns 232-27-1905

Address: 2621 Lutz Lane  
Bethel PARK PA 15102

Secretary: Debra Sturns

Address: 2621 Lutz Lane  
Bethel PARK PA 15102

Treasurer: Michael Sturns

Address: 2621 Lutz Lane  
Bethel PARK PA 15102

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

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

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

9507-117

Filed in the Department of  
State on FEB 03 1995

ACTING

Secretary of the Commonwealth

2620278

**ARTICLES OF INCORPORATION**

**OF**

**Continental Recoveries Inc.**

The undersigned, being a natural person of the age of 18 years or older, does hereby act as incorporator for the purpose of incorporating a business corporation under the Business Corporation Law of 1988.

**FIRST:** The name of the corporation (hereinafter called the "corporation") is Continental Recoveries Inc.

**SECOND:** The address of initial registered office of the corporation in the Commonwealth of Pennsylvania is c/o The Prentice-Hall Corporation System, Inc. The registered office of the corporation in the Commonwealth of Pennsylvania shall be deemed for venue and official publication purposes to be located in Dauphin County.

**THIRD:** The corporation is incorporated under the Business Corporation Law of 1988.

**FOURTH:** The aggregate number of shares that the corporation shall have authority to issue is One Thousand (1,000), all of which are of a par value of One (\$1.00) dollar each, and all of which are Common shares.

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**FOR OFFICE USE ONLY**

FEB -3 95

PA Dept. of State



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

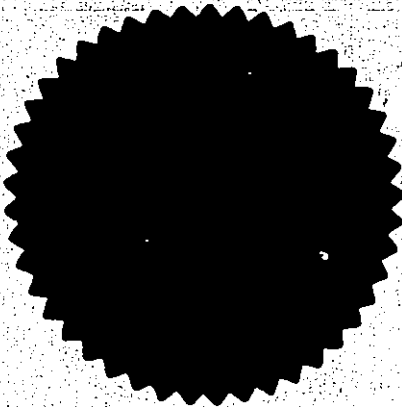
MAY 23, 1995

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CONTINENTAL RECOVERIES INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania  
and remains a subsisting corporation so far as the records of this office  
show, as of the date herein.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's  
Office to be affixed, the day  
and year above written.

Secretary of the Commonwealth

CKEI

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 JUN - 8 AM 10: 08

FILED