F95000002793

N95-10680

100001494071
-05/19/95--01003--002
*****70.00 *****70.00

OFFICE USE ONLY

POST OFFICE BOX 1093
BRUNSWICK, GA 31521

(City, State, Zip) (Phone #)

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

FILED
95 JUN -8 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 19, 1995

JUDY C. WOOD
1527 GOODYEAR AVE.
BRUNSWICK, GA 31520

SUBJECT: ACCOUNTS RECEIVABLE, THE PROFFESIONAL RECOVERY FIRM, INC.
Ref. Number: W95000010680

We have received your document for ACCOUNTS RECEIVABLE, THE PROFFESIONAL RECOVERY FIRM, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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 verify the spelling of your corporate name.

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) 487-6093.

Frata Lott
Corporate Specialist Supervisor

Letter Number: 795A00025817

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. ACCOUNTS RECEIVABLE, THE PROFESSIONAL RECOVERY FIRM, 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. GEORGIA
(State or country under the law of which it is incorporated)

3. 58-2071496
(FEI number, if applicable)

4. September 1993
(Date of Incorporation)

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

6. MAY 16, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 1527 GOODYEAR AVENUE

BRUNSWICK, GEORGIA 31520
(Current mailing address)

8. BILLING AND COLLECTIONS
(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: JUDY C WOOD

Office Address: 1527 GOODYEAR AVENUE / 1250 South 18th Street Fernandina Bch FL 32034

BRUNSWICK, GEORGIA 31520, Florida, _____
(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 am familiar with and accept the obligations of my position as registered agent.

Judy C. Wood
(Registered agent's signature)

FILED
95 JUN -8 AM 9:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: JUDY C. WOOD

Address: 1527 GOODYEAR AVENUE

BRUNSWICK, GEORGIA 31520

Vice President: ROYCE WOOD

Address: SAME

_____

Secretary: EVELYN WOOD

Address: SAME

_____

Treasurer: WILLIAM DAVID WOOD

Address: SAME

_____

FILED
95 JUN -8 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

14. Judy C. Wood - President
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 951500755
CONTROL NUMBER : 9319281
DATE INC/AUTH/FILED: 08/19/1993
JURISDICTION : GEORGIA
PRINT DATE : 05/30/1995
FORM NUMBER : 211

JUDY WOOD
1527 GOODYEAR AVENUE
BRUNSWICK GA 31520

CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ACCOUNTS RECEIVABLES -- THE PROFESSIONAL RECOVERY FIRM, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above 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 or certificate of cancellation 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 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.

Max Cleland

MAX CLELAND
SECRETARY OF STATE

FILED
95 JUN -8 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta