

F960000000/30

1116-D TH...
TALLAHASSEE, FL 32303
(904) 222-6666

Address

City/State/Zip

Phone #

Alinda

000001677520
-01/03/96--01126--001
****120.00 *****70.00

Office Use Only

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

1. Recoveries Unlimited, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in
 ☒ Pick up time 1-3-96 1:00
 ☒ 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 checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
 96 JAN -3 PM 2:46
 DIVISION OF CORPORATION
 96 JAN -8 AM 11:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

File FRS

198801685041
-01/10/96--01110--026
***2400.00 ***2400.00

"Please put the file # on the Fictitious Form"

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 3, 1996

CORPORATE ACCESS, INC.

SUBJECT: RECOVERIES UNLIMITED, INC.
Ref. Number: W96000000157

We have received your document for RECOVERIES UNLIMITED, INC. and your check(s) totaling \$120.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2400.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

A photocopy of the certificate of existence is not acceptable.

If you have any questions concerning the filing of your document, please call
(904) 487-6097.

Michael Mays
Document Specialist


Letter Number: 996A00000268

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned W. F. Angel, do hereby certify
that this Resolution of the Board of Directors of RECOVERIES UNLIMITED, INC.,
a corporation duly organized and existing under the laws of the State of Illinois,
was duly adopted on 1/3, 19 95.

Resolved, that RECOVERIES UNLIMITED, INC., organized
and existing in the State of ILLINOIS, hereby adopts the
name INTERSTATE MANAGEMENT GROUP, INC. for use in Florida.

Dated: 1/5/95


Signature of at least one director

FILED
96 JAN -8 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INHS19(3/93)

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. Recoveries Unlimited, 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. Illinois 3. 36-349332-3
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/06 (11/12/86) 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/94
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 607.155, F.S.))

7. P.O. Box 53
Orange Park, FL 32067
(Current mailing address)

8. Railroad Consulting
(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: W.E. Angel
Office Address: 311 Glenscapes Dr.
Orange Park, Florida, 32073
(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.

W.E. Angel
(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
96 JAN -8 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: W.F. AngelAddress: 311 Glencroft Dr.Orange Park, FL 32073Vice Chairman: D.K. AngelAddress: 311 Glencroft Dr.Orange Park, FL 32073

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: W.F. AngelAddress: 311 Glencroft Dr.Orange Park, FL 32073Vice President: D.K. AngelAddress: 311 Glencroft Dr.Orange Park, FL 32073

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JAN -8 AM 11:20

FILED

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

13. W.F. Angel
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. W.F. Angel, Chairman
(Typed or printed name and capacity of person signing application)

File Number 5444-339-4



To all to whom these Presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that

RECOVERIES UNLIMITED, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE NOVEMBER 12, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I
my hand and cause to be affixed the Great Seal of
the State of Illinois this _____
day of _____ DECEMBER A.D. 19 95

George H. Ryan
SECRETARY OF STATE

FILED
96 JAN -8 AM 2 29TH
SECRETARY OF STATE
TALLAHASSEE FLORIDA