TO: Qualification/Tax Lien Section Division of Corporations

\$4400 16 10 1 7 7 9 6 0 1 5 7 9 6 -04723736 --01067---1065 - *****70,00 - *****;70,00

SUBJECT: NEW ORLEANS NATIONAL COLLECTION SERVICE, 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 T. SALASSI, JR., VICE-PRESIDENT	
(Name of Person)	
NEW ORLEANS NATIONAL COLLECTION SERVICE. INC.	
(Fim/Company)	
3850 N. CAUSEWAY BLVD., SUITE 560	
(Address)	
METAIRIE, LA 70002-1752	
(City/State/Zip)	

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

ROBERT T. SALASSI, JR.
(Name of Person)

at (504) 838-2240 (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 Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.	NEW ORLEANS NATIONAL COLLECTION SERVICE, INC (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATE words or abbreviations of like import in language as will clearly indicate that it is a corporation institutal person or partnership if not so contained in the name at present.)	ION" or itend of a	-	
2.	LOUISIANA 3. 72-0272870 (State or country under the law of which it is incorporated) (FEI number, if applicable)			
_,		•	DIVISIO SED	
4.	JULY 15, 1930 5. PERPETUAL (Date of Incorporation) Curation: Year corp. will cease to	N. P.	22円。	
	. (Date of Incorporation) 5. PERPETUAL. (Duration: Year corp., will cease to "perpetual")	o existor		
	1 .,,	문	:3:0:c	
6.	UPON QUALIFICATION	<u>.s.)</u>	212	
	(Date first transacted business in Florida, (See Sections 607.1501, 607.1502, AND 817.155, F.	.s.) 3	- 宣 州	
7.	. 3850 N. CAUSEWAY BLVD., SUITE 560, METAIRIE, LA 70002-1752			
	P.O. BOX 6991, METAIRIE, LA 70009-6991 (Current mailing address)	<u> </u>	_	
8.	ACCOUNTS RECEIVABLE 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: (P.O. Box or Mail Drop l acceptable)	Box <u>NOT</u>	•	
	Name: MR. F. PERRY ODOM			
	Office Address: 305 SOUTH GADSDEN STREET			
	TALLAHASSEE , Florida , 32301 (Zip C			
10	O. Registered agent's acceptance: (Zip C	ode)		
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.				

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.

(Registered agent's signature)

	SEIVIO
	NOISIN SECRE
,	뭐
	FILED CRETARY OF STATE 194 OF CORPORATION
	STAT
	문

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: ____ Vice Chairman: Address: _ Director: Address: Director: Address: _____ B. OFFICERS (Street address only-P. O. Box NOT acceptable) President: LESTER H. NULL, JR. ... Address: 4505 TRACEY STREET OF ACTION 1. 10 TG1 3 MERAUX, LA 70075 Vice President: ROBERT T. SALASSI, JR. 2422 BROADWAY Address: NEW ORLEANS, LA 70125 Secretary: STEPHEN C. HARTEL, JR. 4101 VENDOME PLACE Address: ____ NEW ORLEALS, LA 70125 Treasurer: STEPHEN C. HARTEL, JR. Address: 4101 VENDOME PLACE NEW ORLEANS, LA 70125 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

ROBERT T. SALASSI, JR. - VICE-PRESIDENT
(Typed or printed name and capacity of person signing application)



Ms Terretury of State, of the State of Louisiana, I do hereby Certified the Articles of Incorporation of

NEW ORLEANS NATIONAL COLLECTION SERVICE, INC.

Domiciled at Metairie, Louisiana,

Were filed in this Office and a Certificate of Incorporation was issued on July 15, 1930,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 12, 1996

CAS

Secretary of State

