F9600000003266

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: Associated Recovery Systems, 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:

Louis Murray	900001975778 -06/26/9601028009 *****70.00 *****70.00
(Name of Person)	
Associated Recovery Systems, Inc.	
(Firm/Company)	
2434 Vineyard Ave #100	
(Address)	· · · · · · · · · · · · · · · · · · ·
Escondido CA 92029	10 °C
(City/State/Zip)	
	以 2 2 3 3 3 4
Should you need to call someone concerning this matter, please call:	SAM S
Louis Murray at (619) 735-2700 XT \$ 08 0 0
(Name of Person) (Area Code &	Daytime Telephone Number) 55

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:

The state of the s
1. Associated Recovery Systems, Inc. [Name of corporation: must include the word "INCOHPORATED" "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. California (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 20, 1987 5. perpetaul (Duration: Year corp. will cease to exist or "perpetualification.")
(Duration; Your corp. will cease to exist or "perpetuality
(Date first transacted business to Florida (Comment)
6. Upon Qualification (Date list transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) 7. 2434 Vineyard Ave #100
Escondido CA 92029 Current mailing address)
8. Consumer debt collection
of soundings debt collection
(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: Corporation Service Company
•
Name: Corporation Service Company Office Address: 1201 Hays Street
Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee , Florida, 32301 (Zip Code)
Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee , Florida, 32301 (Zip Code) 10. Registered agent's acceptance:
Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee , Florida, 32301 (Zip Code)
Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee , Florida, 32301 (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 of all statutes relative to the proper and complete.

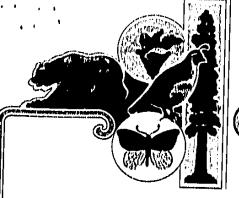
delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is

incorporated.

	Chairman	·	
	Address:		
	Vice Chai	man;	
	Address:		
	Director:	John K.Howerton	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Address:	2434 Vineyard Ave #100	내 25
	Director:	BECONUIDO CA 92029	رض مثلبة
	Address:	•	9:44
o	FFICERS		
	President:	Kathy L. Howerton	
	Address:	2434 Vineyard Ave #100	
		Escondido CA 92029	
	Vice Presid	ent: Douglas S.Carruthers	
		2434 Vineyard Ave #100	
		Escondido CA 92029	
	Secretary:	Kathy L.Howerton	
	Address:	2434 Vineyard Ave #100	
		Escondido CA 92029	
	Treasurer:		<u> </u>
	Address:		
			

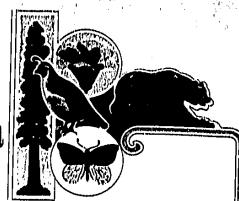
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.

14. Douglas S. Carruthers Vice-President
(Typed or printed name and capacity of person signing application)



State alisornia

SECRETARY OF STATE



CERTIFICATE	OF	STAT	US
DOMESTIC CO	RPO	ORAT	ION

C1423134

1, BILL JONES, Secretary of State of the State of California, hereby certify:

20TH That on the __ _day of __

NOVEMBER

ASSOCIATED RECOVERY SYSTEMS, INC.

became incorporated under the laws of the State of California by filing its Articles of In 3 corporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this IST day of MAY, 1996

Secretary of State

SEC/STATE FORM CE-112 (REV. 1-95

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