F780000005794

| TO: Qualification/Tax Lien Section Division of Corporations | |
|--|--|
| SUBJECT: AMERICAN RECOVERY SERVICE INCORPORATED | |
| (Name of corporation - must include suffix) | |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Busilion Florida", "Certificate of Existence", and check are submitted to register the above reforeign corporation to transact business in Florida. | Target in 88 in 68 in 60 |
| Please return all correspondence concerning this matter to the following: | |
| KAREN DONICA (Name of Person) | 2: 01 |
| AMERICAN RECOVERY SERVICE INCORPORATED (Firm/Company) | |
| 468 PENNSFIELD PLACE 2nd FLOOR (Address) | |
| THOUSAND OAKS, CA 91360 (City/State/Zip) | w98-22402 |
| Should you need to call someone concerning this matter, please call: | 026524740 9/30/98-01061-001 ****70.00 *****70.00 |
| KAREN DONICA at (805) 379-8500 (Name of Person) (Area Code & Daytime Telep | hone Number) |
| | 12/10/16/58 |
| COURIER ADDRESS: MAILING ADDRESS: | |

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 1, 1998

KAREN DONICA AMERICAN RECOVERY SERVICE INCORPORATED 468 PENNSFIELD PLACE 2ND FLOOR THOUSAND OAKS, CA 91360

SUBJECT: AMERICAN RECOVERY SERVICE INCORPORATED

Ref. Number: W98000022402



We have received your document for AMERICAN RECOVERY SERVICE INCORPORATED 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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.

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 (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 098A00049049



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 12, 1998

KAREN DONICA AMERICAN RECOVERY SERVICE INCORPORATED 468 PENNSFIELD PLACE 2ND FLOOR THOUSAND OAKS, CA 91360

SUBJECT: AMERICAN RECOVERY SERVICE INCORPORATED

Ref. Number: W98000022402



We have received your document for AMERICAN RECOVERY SERVICE INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 798A00050488

RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

| | 2: (FLO |
|---|--|
| I, the undersignedTHOMAS C. BAXTER | |
| (Name) | |
| | į |
| that this Resolution of the Board of Directors of | - |
| | |
| AMERICAN RECOVERY SERVICE INCORPORATED | · · · · · · · · · · · · · · · · · · · |
| (Corporate Name) | |
| CATTE | ODATE A |
| a corporation duly organized and existing under the laws of the State of CALIFO | JRNIA. |
| , | • |
| was duly adopted on OCTOBER 16 | , 19 <u>_9</u> 8 |
| | |
| Be it resolved, that AMERICAN RECOVERY SERVICE INCORPORATED (Corporate Name) | - · · · · · · · · · · · · · · · · · · · |
| | |
| organized and existing in the State of CALIFORNIA, her | eby adopts the name |
| | |
| AMERICAN RECOVERY SERVICE INCORPORATED OF CALIFORNIA | for use in Florida. |
| · | |
| | |
| | • |
| Dated: OCTOBER 6, 1998 | |
| | |
| | |
| | _ |
| Signature of either Chairman, Vice Chairman or any officer | |
| | |

INHS19(4/99)

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. | AMERICAN RECOVERY SERVICE INCORPORATED - | |
|-------------------|--|---------|
| | (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. | CALIFORNIA 3. 95-4080279 (State or country under the law of which it is incorporated) (FEI number, if applicable) | |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) | |
| 4. | OCTOBER 16, 1986 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or | - |
| | "perpetual") | |
| 6. | UPON QULIFICATION SOME CONTROL OF THE CONTROL OF TH | |
| | | - |
| 7. | | |
| | 468 PENNSFIELD PLACE 2nd FLOOR THOUSAND OAKS, CA 91360 | |
| | (Current mailing address) | - |
| 8. | Collection Agency (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) | _ |
| | (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 Box NOT acceptable) | |
| | Name: NRAI SERVICES, INC. | |
| | Office Address: 526 E. PARK AVENUE | |
| | TALLAHASSEE , Florida, 32301 | |
| 10 | Registered agent's acceptance: (Zip Code) | |
| cor reg all | rying been named as registered agent and to accept service of process for the above s rporation at the place designated in this application, I hereby accept the appointment gistered agent and agree to act in this capacity. I further agree to comply with the provision is statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. | m+ ~~ |
| | | |

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.

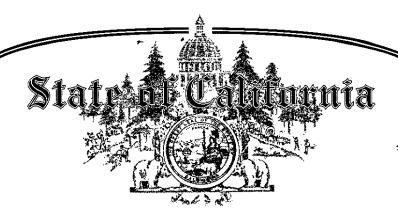
`

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

| Chairman: | THOMAS C. BAXTER | |
|--------------|--|---|
| Address: | 468 PENNSFIELD PLACE 2nd FLOOR | 78E |
| - | THOUSAND OAKS, CA 91360 | 5 5 |
| Vice Chairn | nan: MICHAEL N. BERKE | 55. 0 |
| Address: | 468 PENNSFIELD PLACE 2nd FLOOR | 77.7 |
| _ | THOUSAND OAKS, CA 91360 | OFF. O |
| Director: | THOMAS C. BAXTER | 0m |
| Address: | 468 PENNSFIELD PLACE 2nd FLOOR | |
| _ | THOUSAND OAKS, CA 91360 | |
| Director: _ | <u></u> | |
| Address: _ | | |
| | | |
| B. OFFICE | ERS (Street address only- P. O. Box NOT acceptable) | - |
| President: _ | THOMAS C. BAXTER | |
| Address: | 468 PENNSFIELD PLACE 2nd FLOOR | · |
| | THOUSAND OAKS, CA 91360 | |
| Vice Preside | ent: _MICHAEL N. BERKE | |
| Address: | 468 PENNSFIELD PLACE 2nd FLOOR | · |
| | THOUSAND OAKS, CA 91360 | |
| Secretary: _ | MICHAEL N. BERKE | |
| Address: _ | SAME AS ABOVE | |
| | | _ |
| Treasurer: _ | MICHAEL N. BERKE | • |
| Address: | SAME AS ABOVE | |
| _ | | |
| NOTE: If r | necessary, you may attach an addendum to the application listing or directors. | ng additional |
| 13. | | |
| | nature of Chairman, Vice Chairman, or any officer listed in number 12 of the | ne application) |
| . ТОМА | S C BAYTED | <u>.</u> |

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



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

That on the ______16th _____day of ________,19 86

AMERICAN RECOVERY SERVICE INCORPORATED

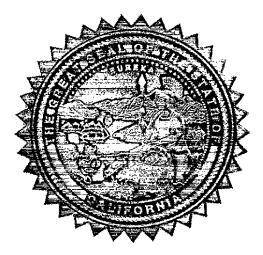
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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 day of

August 28, 1998

Bill Ins

Secretary of State