FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90094 020 ***150.00

DOCUMENT # F99000002476

1. Entity Name

(Commercial Recovery Associates, Inc.)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2700 North Federal Highway Unit #401	4200 Northwest 26th Way Boca Raton, Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton, Florida	Boca Raton, Florida
City & State	City & State
33431-7799 / U.S.A.	33434 / U.S.A.
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Burton Sandles, Registered Agent

Street Address (P.O. Box Number is Not Acceptable): 2700 North Federal Highway #401

Boca Raton, Florida 33431-7799

City: Boca Raton, Florida **FL** 33431-7799

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Burton Sandles, Registered/President Agent — April 30, 2002 (DATE)

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Burton Sandles 2700 North Federal Highway #401 Boca Raton, Florida 33431-7799
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Registered Agetnt Burton Sandles 2700 North Federal Highway #401 Boca Raton, Florida 33431-7799
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Burton Sandles, President/Registerd Agent — 4/30/2002 (866) 899-6850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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OFFICE OF THE COMPTROLLER 328 237377 Effective 02/18/99 $500.00 041399
STATE OF FLORIDA 0000350

MAIL TO: COMPTROLLER OF FLORIDA 99 APR 13 AM 10:46 April 10, 1999
101 East Gaines Street, Suite B-23 CASHIER'S OFFICE
Tallahassee, FL 32399-0350
FEE: $500.00

REGISTRATION OF COMMERCIAL COLLECTION AGENCY

This form shall be accompanied by certified payment of a $500.00 non-refundable registration fee. Make certified check payable to "Comptroller of Florida". All requirements for registration must be satisfied within forty-five (45) days from the date of request for additional information.

TYPE OR PRINT

1(a). Legal Name of Commercial Collection Agency: COMMERCIAL RECOVERY ASSOCIATES INC

1(b). If corporate name is not allowed in Florida, provide name approved by the Florida Secretary of State: (Commercial Recovery Associates, Inc.) dba Ashton, Lassitter & Sinclair
(Provide qualification document from the Florida Secretary of State. This is the name that will appear on your license and should appear on your surety bond. See instructions.)

DBA Name (if applicable): Ashton, Lassitter & Sinclair
(Provide acknowledgment from the Dept. of State, Division of Corporations that your fictitious name is duly registered.)

2. Federal Employer I.D. Number: 59 - 3482569
(F.E.I.D. number is required of all corporations. See IRS "Instructions for Form SS-4.")

3. Principal Place of Business (Note: Post Office Box is not acceptable.)
163 Third Avenue Suite #244
Street Address
New York — New York — New York — 10003-2523
City — County — State — Zip

4. Mailing Address if different from above:
163 3RD AVE STE 244
P.O. Box or Street Address
NEW YORK — NY — 10003 - 2523
City — County — State — Zip
Telephone Number: 800-899-5840/(212)-375-0795 Fax/Email: 800-899-5841/(212)-375-0759

5. Type of Agency: (Check One) ____ Domestic Corporation X Foreign Corporation
(Documentation of registration from the Florida Secretary of State Office to conduct business in the State of Florida is required of Foreign Corporations.)

6. Date of Incorporation November 1997 State of Incorporation The State of Delaware
(Documentation of incorporation must be filed with this application.)

7. Provide a list of the current business location of each branch office in the State of Florida of the registering agency. If none, indicate such. (None Yet)

8. Provide a list of the following:
a) If a partnership or sole proprietorship, provide full name, residence address, telephone number, and social security number of all owners.
b) If a corporation, provide full name, residence address, telephone number, and social security number (federal identification number if a corporate owner) of all Corporate Officers, Directors, Owners, and Florida Resident Agent.
[illegible], President Sole Shareholder of Corporation 155 East 18th Street [illegible], N.Y N.Y. 10003,(212)[illegible]

FOR OFFICE USE ONLY
APPROVED BY: ____________ DATE APPROVED: ____________ $500 :44303100000-00-002009

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COMMERCIAL*RECOVERY*ASSOCIATES*INC

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Exhibit B

NUMBER 2

SHARES

See Reverse for Certain Definitions

Incorporated under the laws of the State of Delaware

COMMERCIAL RECOVERY ASSOCIATES INC.

Total Authorized Issue
1,500 Shares Without Par Value
Common Stock

This is to certify that Burton A. Sandles **is the owner of**
Commercial Recovery Associates, Iñnc. *fully paid and non-assessable shares of the above corporation transferable only on the books of the Corporation by the holder thereof in person or by a duly authorized Attorney upon surrender of this Certificate properly endorsed.*

Witness, *the seal of the Corporation and the signatures of its duly authorized officers.*

Dated

Burton A. Sandles

Burton A. Sand

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STATE OF DELAWARE
SECRETARY OF STATE 001
DIVISION OF CORPORATIONS
FILED 09:00 AM 12/11/1997
971426700 - 2830035

CERTIFICATE OF INCORPORATION
A Stock Corporation

FIRST: The corporation name is COMMERCIAL RECOVERY ASSOCIATES INC..

SECOND: Its registered office in the State of Delaware is to be located at 3422 Old Capitol Trail, Suite 700, in the city of Wilmington, county of New Castle, 19808-6192. The registered agent in charge thereof is Delaware Business Incorporators, Inc., located at same address, as above.

THIRD: The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

FOURTH: The amount of the total authorized capital stock of this corporation is 1500 shares of NO par value.

FIFTH: The name and mailing address of the incorporator is Delaware Business Incorporators, Inc., 3422 Old Capitol Trail, Suite 700, Wilmington, DE 19808-6192.

SIXTH: The powers of the incorporator are to terminate upon the filing of the Certificate of Incorporation. Unless a nominee director is chosen, the name and mailing address of the person who is to serve as the director until the first annual meeting of the shareholders or until their successors are duly elected and qualify is as follows:

SEVENTH: A director of the corporation shall not be personally liable to the corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except to the extent such exemption from liability or limitation thereof is not permitted under the Delaware General Corporation Law as the same exists or may hereafter be amended. If the Delaware General Corporation Law is amended after the filing of the Certificate of Incorporation to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the Delaware General Corporation Law, as so amended. Neither any amendment nor repeal of this Certificate of Incorporation shall eliminate or reduce the effect of this Article in respect of any matter occurring, or any cause of action, suit or claim that, but for this Article, would accrue or arise, prior to such amendment, repeal or adoption of an inconsistent provision.

I, THE UNDERSIGNED, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand this date 12/11/97.

Incorporator:
Delaware Business Incorporators, Inc.

BY: Russell D. Murray V.P

Russell D. Murray, V.P.

ID: 2144

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State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMERCIAL RECOVERY ASSOCIATES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JULY, A.D. 1998.

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981268731

Edward J. Freel, Secretary of State

AUTHENTICATION: 9189646

DATE: 07-10-98

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increase maneuvering space; 11) Insulating lavatory pipes to prevent burns; 12) Creating designated accessible parking spaces; and 13) Removing high pile, low density carpeting.

This list is not exhaustive. It is your responsibility to familiarize yourself with the requirements of Title III of the ADA. Title III requires that you inspect your establishment and remove barriers to equal access in compliance with the applicable regulations located at 28 CFR Part 36. Your failure to comply with the ADA may result in penalties including damages, attorney's fees and costs and significant civil money penalties.

The State of Florida enacted the Florida Americans with Disabilities Accessibility Implementation Act, Sections 553.501-.513, Florida Statutes. The purpose of the Act is to incorporate into the laws of the State of Florida the accessibility requirements of the ADA, while at the same time maintaining those provisions of Florida law that are more stringent than the ADA.

Construction, alterations and barrier removal performed in the State of Florida must comply with the ADA and the Florida Accessibility Code for Building Construction.

SOURCES OF ADDITIONAL INFORMATION

You may obtain additional information about the specific requirements of the ADA from the following agencies:

Governor's Working Group on
Americans with Disabilities Act
4040 Esplanade Way
Suite 180
Tallahassee, FL 32399-7106
austinjl@dms.state.fl.us

(850) 487-3423 (Voice)
(850) 410-0684 (TTY)

U.S. Department of Justice
Disability Rights Section
Civil Rights Division
PO Box 66738
Washington, DC 20035-6738
www.usdoj.gov/crt/ada/adahom1.htm

(800) 514-0301 (Voice)
(800) 514-0383 (TTY)

CENTERS FOR INDEPENDENT LIVING

Pensacola
(850) 484-5444

Tallahassee
(850) 575-9627

Gainesville
(352) 378-7474

Jacksonville
(904) 399-8484

Sarasota
(800) 299-0297

Ft. Myers
(941) 277-1547

St. Petersburg
(727) 577-0065

Tampa
(813) 975-6560

Winter Park
(407) 623-1070

Cocoa Beach
(407) 784-9008

Miami
(305) 379-6650

West Palm Beach
(561) 966-4288