

F99000003102

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HSI Financial Services, Inc. d/b/a HSI Collections
(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:

Rebecca E. Wilson
(Name of Person)

HSI Financial Services
(Firm/Company)

500002891725--5
-06/01/99--01151--006
*****78.75 *****78.75

1000 Circle 75 Parkway Ste. 800
(Address)

Atlanta, GA 30339
(City/State/Zip)

W99-12834

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

Julie LaMadrid at (770) 850 - 7460
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

STATE OF FLORIDA
TALLAHASSEE

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 2, 1999

Shawn

REBECCA E. WILSON
HSI FINANCIAL SERVICES
1000 CIRCLE 75 PARKWAY STE. 800
ATLANTA, GA 30339

SUBJECT: HSI FINANCIAL SERVICES, INC.
Ref. Number: W99000012834

We have received your document for HSI FINANCIAL SERVICES, INC. and your check(s) totaling \$78.75. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 599A00030069

**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. HSI Financial Services, 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. Georgia
(State or country under the law of which it is incorporated)
3. 58-1538692
(FEI number, if applicable)
4. 11/30/1983
(Date of incorporation)
5. "perpetual"
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1000 Circle 75 Parkway Ste. 800
Atlanta, GA 30339
(Current mailing address)
8. Collection of medical accounts
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)
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 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.

Deborah H. Skipper as agent
(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.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: ROBERT QUATTROCCHI - NORTHSIDE HOSPITAL

Address: 1000 JOHNSON FERRY ROAD, NE

ATLANTA, GA 30342

Vice Chairman: _____

Address: _____

Director: GLEN J. BLACK, JR.

Address: 2000 SOUTH PARK PLACE

ATLANTA, GA 30339

Director: ROBERT CRUMP

Address: 1968 PEACHTREE ROAD NW

ATLANTA, GA 30309

B. OFFICERS (Street address only - P.O. Box **NOT** acceptable)

President: RICHARD T. HOWERTON III

Address: 900 CIRCLE 75 PARKWAY SUITE 1450

ATLANTA, GA 30339

Vice President: RAYMOND A. SNEAD, JR.

Address: 900 CIRCLE 75 PARKWAY SUITE 1450

ATLANTA, GA 30339

Vice President: Rebecca E. Wilson

Address: 1000 CIRCLE 75 PARKWAY SUITE 800

ATLANTA, GA 30339

Treasurer: _____

Address: _____

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

13. Rebecca E. Wilson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. REBECCA WILSON
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K91470508
CONTROL NUMBER : J315560
DATE INC/AUTH/FILED: 11/30/1983
JURISDICTION : GEORGIA
PRINT DATE : 05/27/1999
FORM NUMBER : 211

HSI FINANCIAL SERVICES, INC.
1000 CIRCLE 75 PARKWAY
SUITE 650
ATLANTA, GA 30339

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, hereby certify under the seal of my office that

HSI FINANCIAL SERVICES, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA