

# F990000606117

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: NATIONAL RECOVERY 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:

WAYNE DUNICH-KOLB

(Name of Person)

JADRAN SERVICES CORP

(Firm/Company)

P.O. BOX 12944

(Address)

JACKSON, WYOMING 83002

(City/State/Zip)

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

WAYNE DUNICH-KOLB

(Name of Person)

at ( 307 ) 734-1640

(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

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

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W99-16666

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 20, 1999

WAYNE DUNICH-KOLB  
JADRAN SERVICES CORP  
PO BOX 12944  
JACKSON, WY 83002

SUBJECT: NATIONAL RECOVERY INC  
Ref. Number: W99000016666

We have received your document for NATIONAL RECOVERY INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 699A00037093

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 10, 1999

WAYNE DUNICH-KOLB  
JADRAN SERVICES CORP  
PO BOX 12944  
JACKSON, WY 83002

SUBJECT: NATIONAL RECOVERY INC  
Ref. Number: W99000016666

We have received your document for NATIONAL RECOVERY INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Please accept our apology for failing to mention this 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.

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) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 399A00040270

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned VINCENT C STANZIONE JR, do hereby certify  
(Name)

that this Resolution of the Board of Directors of NATIONAL RECOVERY INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of WYOMING

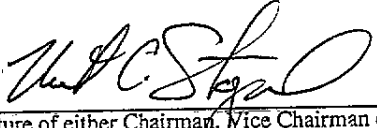
was duly adopted on JUNE 14

Be it resolved, that NATIONAL RECOVERY INC  
(Corporate Name)

organized and existing in the State of WYOMING, hereby adopts the name

NRI OF WYOMING, Inc for use in Florida.

Dated: AUGUST 22, 1999

  
Signature of either Chairman, Vice Chairman or any officer

VINCENT C STANZIONE  
Type or print name

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TALLAHASSEE, FLORIDA

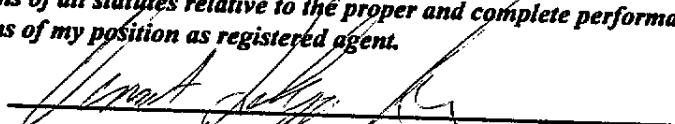
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**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. NATIONAL RECOVERY 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. WYOMING 3. 58-2478419  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 14, 1999 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. AUGUST 30, 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. BOX 12944  
JACKSON, WYOMING 83002  
(Current mailing address)
8. BAD-DEBT RECOVERY/COLLECTION AGENCY  
(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: VINCENT C STANZIONE JR  
6116 120 TERRACE  
Office Address: \_\_\_\_\_  
CORAL SPRINGS, Florida, 33076  
(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.*

  
(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: VINCENT C STANZIONE JR

Address: 2404 CALLE SAN MIGUEL  
ENCINITAS, CALIFORNIA 92024

Vice Chairman: JILL R STANZIONE

Address: 2404 CALLE SAN MIGUEL  
ENCINITAS, CALIFORNIA 92024

Director: VINCENT C STANZIONE JR

Address: 2404 CALLE SAN MIGUEL  
ENCINITAS, CALIFORNIA 92024

Director: JILL R STANZIONE

Address: 2404 CALLE SAN MIGUEL  
ENCINITAS, CALIFORNIA 92024

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

President: VINCENT C STANZIONE JR

Address: 2404 CALLE SAN MIGUEL  
ENCINITAS, CALIFORNIA 92024

Vice President: JILL R STANZIONE

Address: 2404 CALLE SAN MIGUEL  
ENCINITAS, CALIFORNIA 92024

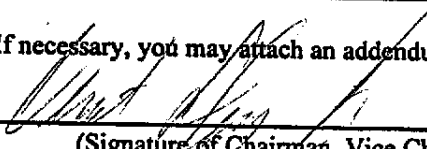
Secretary: VINCENT C STANZIONE JR

Address: 2404 CALLE SAN MIGUEL  
ENCINITAS, CALIFORNIA 92024

Treasurer: JILL R STANZIONE

Address: 2404 CALLE SAN MIGUEL  
ENCINITAS, CALIFORNIA 92024

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

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

14. VINCENT C STANZIONE JR CHAIRMAN

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# State of Wyoming

## Office of the Secretary of State



United States of America,  
State of Wyoming } ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, NATIONAL RECOVERY INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 06/14/1999; and whose period of duration is perpetual.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

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SECRETARY OF STATE  
JANET HASSELT  
JAN 10 2000

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 29th day of June A.D., 1999.



*Joseph B. Meyer*  
\_\_\_\_\_  
Secretary of State  
  
By *Greg Nunn*  
\_\_\_\_\_