

P130000012421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700243657627

01/28/13--01032--013 **122.50

FILED
13 FEB -6 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/7
~~1/28~~
W13-5657 8

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: FLORIDA RECOVERY CREDIT SERVICES LLC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

STEVEN E SCHAEFFER

Contact Person

FRANKLIN ROSS & ASSOCIATES

Firm/Company

2974 HARTLEY RD SUITE 3

Address

JACKSONVILLE FL 32257

City, State and Zip Code

ERIC@FRCS.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC SCHAEFFER at (**904**) **232-8518**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☒ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2013 FEB -6 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 29, 2013

STEVEN E SCHAEFFER
2974 HARTLEY RD SUITE 3
JACKSONVILLE, FL 32257

SUBJECT: FLORIDA RECOVERY CREDIT SERVICES CORP.
Ref. Number: W13000005657

We have received your document for FLORIDA RECOVERY CREDIT SERVICES CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 313A00002212

*Per conversation with the Dept.
I was Told to leave EFFECTIVE Date
Blank. Was told cFFECTIVE Date will
be when you receive. Thanks*

www.sunbiz.org

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: LO9100002944

FLORIDA RECOVERY CREDIT SERVICES LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 3/13/2009

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

NA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

FLORIDA RECOVERY CREDIT SERVICES CORP.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: ES
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 23 day of JANUARY, 2013.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]
Printed Name: STEVEN E SCHAEFFER Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: STEVEN E SCHAEFFER Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED
13 FEB -6 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: FLORIDA RECOVERY CREDIT SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

2974 HARTLEY RD SUITE 3 JACKSONVILLE FL 32257

Mailing address, if different is:

PO BOX 600920 JACKSONVILLE FL 32260

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Collection Agency

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN E SCHAEFFER PRESIDENT

Address: PO BOX 600908
JACKSONVILLE FL 32260

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: STEVEN E SCHAEFFER

Address: 901 MIDDLE RIDGE CT
ORANGE PARK FL 32065

FILED
13 FEB -6 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

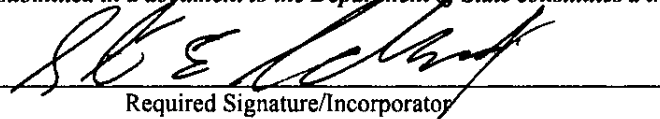
Name: STEVEN E SCHAEFFER
Address: PO BOX 600908
JACKSONVILLE FL 32260

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

1.23.13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

1.23.13
Date

FILED
13 FEB -6 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA