

# P95000054817

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

300001537403  
-07/13/95--01093--006  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: All County Equipment Co.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Emil Franke  
Name (printed or typed)

842 George Street  
Address

Sebastian, Fl. 32958  
City, State & Zip

407 569-0339  
Daytime Telephone number

FILED  
95 JUL 13 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SHARON L. TALA

JUL 17 1995

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: All County Equipment Co.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2626 N. U. S. One  
Vero Beach, Fl. 32960

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Emil Franke  
2626 N. U.S. One  
Vero Beach, Fl. 32960

FILED  
95 JUL 13 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

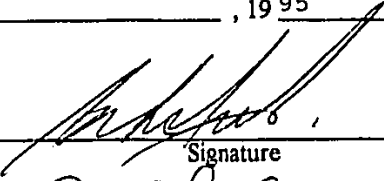
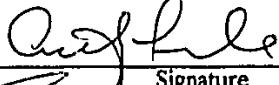
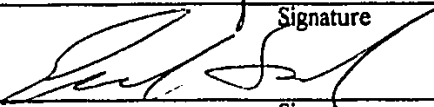
John Franke 4945 20th Street Vero Beach, Fl. 32966

Anthony Franke 182 Beachwood Blvd. Melbourne Beach, Fl. 32951

Emil Franke 842 George Street Sebastian, Fl. 32958

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12th day of July, 19 95.

	Pres.
Signature	
	Vice Pres.
Signature	
	Sec/Treas.
Signature	

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: All County Equipment Co.

2. The name and address of the registered agent and office is:

Emil Franke  
2626 N. U.S. One  
Vero Beach, Fl. 32960

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

\_\_\_\_\_  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(SIGNATURE)

7.12.84  
(DATE)

95 JUL 12 PM 12:05  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
AND  
FILED  
96 NOV 12 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000054817**

1. Corporation Name

**ALL COUNTY EQUIPMENT CO.**

Principal Place of Business

2626 N. U.S. ONE  
VERO BEACH FL 32960

Mailing Address

2626 N. U.S. ONE  
VERO BEACH FL 32960

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *qba*

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/1995

5. FEI Number

65-0594784

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	JOHN Franke	4755 64 <sup>th</sup> St	Vero Beach FL 32967
Secy	JOHN Franke	4755 64 <sup>th</sup> St	Vero Beach FL 32967

1000002006101--5  
-11/15/96--01076--005  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

FRANKE, EML JOHN  
2626 N. U.S. ONE  
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name  
JOHN Franke  
Street Address (P.O. Box Number is Not Acceptable)  
2626 N US 1  
Suite, Apt. #, Etc.

City  
Vero Beach

State  
FL

Zip Code  
32967

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

I, being an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this statement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed to the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (7/96)

**CREDITOR RECOVERY SERVICES, INC.**

1672 W. HILLSBORO BLVD.  
SUITE 250  
DEERFIELD BEACH, FL 33442

TEL (954) 427-1007 • FAX (954) 427-2515

June 8, 1997

700002222987--9  
-06/25/97--01094--021  
\*\*\*\*\*75.00 \*\*\*\*\*5.00

The Secretary of the State  
**SUSAN PAYNE**  
Division of Corporations  
Resignations Amendment Division  
409 E. Gaines Street  
Tallahassee, FL 32399

700002222987--9  
-06/25/97--01094--020  
\*\*\*\*\*117.50 \*\*\*\*\*117.50

Re: All County Equipment, Inc.  
2626 No. US Highway #1  
Vero Beach, FL 32963

Dear Ms. Payne:

Pursuant to our telephone conversation the other day.

I am enclosing an additional amount of \$ 117.50 to cover the cost of filing fees for the above identified Corporation.

Also, please find a "Letter of Resignation to the Corporation" submitted by the Registered Agent John Franke

Should you require any additional information please contact  
(954) 522-0044.

Thanking you in advance for your prompt handling of this matter

I remain,

FILING 122.50  
R. AGENT \_\_\_\_\_  
CERT. COPY \_\_\_\_\_  
CUS \_\_\_\_\_  
OVERPAYMENT \_\_\_\_\_  
TOTAL 122.50

Very truly yours,  
**CREDITOR RECOVERY SERVICES, INC.**

Mark Lauer

Resignation as Reg Agent

58 6/16 off Dir.

FILED STATES  
DIVISION OF CORPORATIONS  
91 JUN 16 PM 12:13

FILING  
R. AGENT  
CERT. COPY  
OVERPAYMENT  
TOTAL

**CREDITOR RECOVERY SERVICES, INC.**

1672 W. HILLSBORO BLVD.  
SUITE 250  
DEERFIELD BEACH, FL 33442

TEL (954) 427-1007 • FAX (954) 427-2515

June 2, 1997

The Secretary of the State  
Division of Corporations  
Resignations Amendment Division  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: All County Equipment, Inc.  
2626 No. U.S. Highway #1  
Vero Beach, FL 32963

Dear Sir/Madam:

I am enclosing (3) three Resignations for the aforesaid identified Corporation to be filed immediately.

Also I am enclosing a check in the amount of \$75.00 to cover the cost of the same.

Please send acknowledgment of the foregoing as soon as possible.

If the filing fee is incorrect please retain the documents and call me at (954) 522-0044 to overnight you the correct fees.

Thanking you in advance.

I remain,

Very truly yours,  
**CREDITOR RECOVERY SERVICES, INC.**

Mark Lauer

Resignation

April 25, 1997

The Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: All County Equipment Inc.  
2626 N. US 1  
Vero Beach, Florida 32963

Dear Sir/Madam:

Please be advised that the undersigned hereby tenders this resignation as President, Treasurer, Secretary, Director, Registered Agent and any other position that I may now hold in the Corporation known as All County Equipment Inc., effective immediately. Please acknowledge the receipt and acceptance of this resignation.

Thank you for your cooperation.

Very truly yours,

  
John Franke



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN 16 PM 12:13

State of Florida  
County of Indian River

  
Notary Public



**JOHN FRANKE**

**April 25, 1997**

**All County Equipment, Inc.  
2626 No. U.S. Highway One  
Vero Beach, FL 32963**

**Re: RESIGNATION**

**Dear Sir:**

**Let this letter serve as Official Notification that I am Resigning  
as Officer, Director, Registered Agent and any other position I may  
now hold in the Corporation know as, All County Equipment, Inc.**

**Please govern yourselves accordingly.**

**I remain.**

**Very truly yours,**



**John Franke**

P45000054817

CREDITOR RECOVERY SERVICES, INC.

1672 W. HILLSBORO BLVD.  
SUITE 250  
DEERFIELD BEACH, FL 33442

TEL (954) 427-1007 • FAX (954) 427-2515

500002222995--4  
-06/25/97--01094--021  
\*\*\*\*\*75.00 \*\*\*\*\*35.00

June 8, 1997

The Secretary of the State  
**SUSAN PAYNE**  
Division of Corporations  
Resignations Amendment Division  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN 16 PM 12:13

Re: All County Equipment, Inc.  
2626 No. US Highway #1  
Vero Beach, FL 32963

Dear Ms. Payne:

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Should you require any additional information please contact me at (954) 522-0044.

Thanking you in advance for your prompt handling of this matter.

I remain,

Very truly yours,  
CREDITOR RECOVERY SERVICES, INC.

  
Mark Lauer

FILING 35  
R. AGENT \_\_\_\_\_  
CERT. COPY \_\_\_\_\_  
CUS \_\_\_\_\_  
OVERPAYMENT \_\_\_\_\_  
TOTAL 35

{ DID Resignation }  
{ not RA }  
SP 6/16/97

**CREDITOR RECOVERY SERVICES, INC.**

1672 W. HILLSBORO BLVD.  
SUITE 250  
DEERFIELD BEACH, FL 33442

TEL (954) 427-1007 • FAX (954) 427-2515

June 8, 1997

The Secretary of the State  
**SUSAN PAYNE**  
Division of Corporations  
Resignations Amendment Division  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: All County Equipment, Inc.  
2626 No. US Highway #1  
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I remain.

Very truly yours,  
**CREDITOR RECOVERY SERVICES, INC.**

  
Mark Lauer

Resignation

May 20, 1997

The Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUN 16 PM 12:14

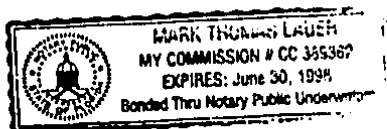
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Thank you for your cooperation.

Very truly yours,



  
Emil Franke

State of Florida  
County of Indian River

  
Notary Public

**P95000054817**  
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June 8, 1997

700002222997--8  
-06/25/97--01094--021  
\*\*\*\*\*75.00 \*\*\*\*\*35.00

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**SUSAN PAYNE**  
Division of Corporations  
Resignations Amendment Division  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: All County Equipment, Inc.  
2626 No. US Highway #1  
Vero Beach, FL 32963

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SECRETARY OF CORPORATIONS  
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I remain.

Very truly yours,

CREDITOR RECOVERY SERVICES, INC.

FILED 35  
R. AGENT \_\_\_\_\_  
CERT. COPY \_\_\_\_\_  
CUS \_\_\_\_\_  
PAYMENT 35

  
Mark Lauer

OID Resig.  
NOT RA 6/16/97  
SP

**CREDITOR RECOVERY SERVICES, INC.**

1672 W. HILLSBORO BLVD.  
SUITE 230  
DEERFIELD BEACH, FL 33442

TEL (954) 427-1007 • FAX (954) 427-2515

June 2, 1997

The Secretary of the State  
Division of Corporations  
Resignations Amendment Division  
409 E. Gaines Street  
Tallahassee, FL 32399

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2626 No. U.S. Highway #1  
Vero Beach, FL 32963

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Thanking you in advance.

I remain.

Very truly yours,  
**CREDITOR RECOVERY SERVICES, INC.**

*Mark J. Lauer*  
Mark Lauer

OID Res'g.  
NOT RA

Resignation

May 20, 1997

The Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN 16 PM 12:13

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Thank you for your cooperation.

Very truly yours,



  
Anthony Franke

State of Florida  
County of Indian River

  
Notary Public