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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 13 2007

Darnel Quick Recovery, Inc.

**4134 Hwy 278
Covington, GA 30014**

State of Florida
FL Reg Section Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

RE: Darnel Quick Recovery, Inc.

To Whom It May Concern:

Enclosed you will find our completed application.

If you have any questions regarding this application, please contact:

Erica Witt
ACA International
Phone: (952) 928-8000 225
Email: witt@acainternational.org

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Darnel Quick 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:

Erica Witt
(Name of Person)

ACA International
(Firm/Company)

4040 W. 70th St.
(Address)

Edina, MN 55435
(City/State and Zip code)

For further information concerning this matter, please call:

Erica Witt at (952) 259-4225
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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

**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. Darnel Quick Recovery, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 582153812
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/22/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4134 Hwy 278, Covington, GA 30014
(Principal office address)
PO Box 2416, Covington, GA 30015
(Current mailing address)

8. Debt Collection.
(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 NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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.

C T Corporation System
By: Michele Miller
(Registered agent's signature) **Michele Miller**
Assistant Secretary

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.
12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: N/A

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Gregory Todd Herring

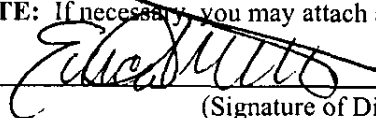
Address: 4134 Hwy 278, Covington, GA 30014

Treasurer: _____

Address: _____

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TALLAHASSEE FLORIDA

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Erica Witt, pursuant to the power of attorney
(Typed or printed name and capacity of person signing application)

**Attachment to Florida
Officers & Directors**

1 Full Name: Bobby E. Herring
Officer/Director: Officer
Officer's Title: CEO
Director's Title:
Business Address: 4134 Hwy 278
City: Covington
State: GA
ZIP Code: 30014

Control No. **K500807**

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

DARNEL QUICK RECOVERY, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/22/1994 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of April, 2008

A handwritten signature in cursive script, appearing to read "Karen C Handel".

Karen C Handel
Secretary of State

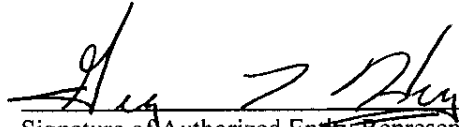
**ACA International
Power of Attorney**

NOTICE IS HEREBY GIVEN THAT DARNEL QUICK RECOVERY INC ("Entity") an entity organized under the laws of GA, its owners, officers, directors and collections manager, personally, do hereby appoint Catherine Ramstad, Erica Witt, Jennifer Cleveland, Robin Buendiger, Janis St. Martin and Toni Nuernberg while employed by ACA International Enterprises, Inc. and/or Collectors Insurance Agency Inc., as attorney-in-fact for the Entity and personally for its owners, officers, directors and collections manager to act on their behalf.

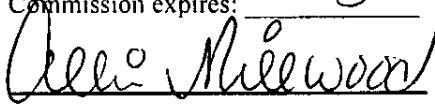
Personally, the owners, officers, directors, collections manager and the Entity, having taken all necessary steps to authorize the changes, hereby grant their attorney-in-fact the power to execute the documents necessary to obtain and/or renew registrations, licensure and bonds for debt collection purposes, and complete forms of similar import on behalf of the Entity and personally on behalf of its owners, officers, directors and collections manager in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity and/or personally by its owners, officers, directors and collections manager.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 7 day of FEBRUARY, 2008.


Signature of Authorized Entity Representative
GREG T. HERRING
Print Name and Title

Sworn to and subscribed before me
this 7th of Feb., 2008

Notary Public, State of Georgia
Commission expires:


Notary Public, Walton County, Georgia
My Commission Expires Feb. 23, 2009