

FI 0000000456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

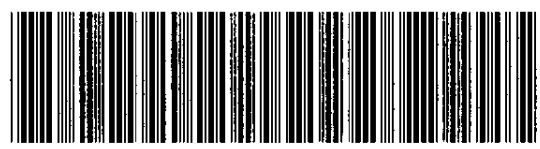
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/27/10--01032--008 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 1/28/10

HC Recovery, Inc.
9820 East 41st Street, Suite 303
Tulsa, OK 74146

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

RE: **HC Recovery, Inc.**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Mark Robertson
HC Recovery, Inc.
PO Box 849
Springdale, AR 72764

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

Mark Robertson
HC Recovery, Inc.
Phone: (479) 750-6700
Fax: (888) 621-7978
Email: mark.robertson@hcrecoveryinc.com

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HC 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," or "Certificate of Good Standing" 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:

Thomas Center

Name of Person

HC Recovery, Inc.

Firm/Company

PO Box 849

Address

Springdale, AR 72764

City/State and Zip code

warren.center@hccredit.com

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

For further information concerning this matter, please call:

Jennifer Cleveland

Name of Person

at (952) 259-4237

Area Code & Daytime Telephone Number

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

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

2. Oklahoma 3. 27-1397316
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/02/2009 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. 9820 East 41st Street, Suite 303, Tulsa, OK 74146
(Principal office address)

PO Box 849, Springdale, AR 72764
(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

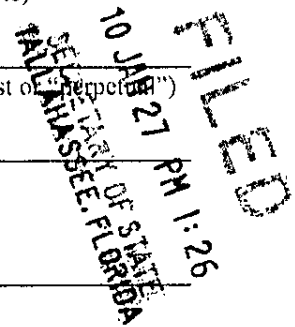
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

By: Jeanne Nelson Assistant Secretary
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Clifton C Scogin

Address: 203 E Emma Ste A

Springdale, AR 72764

Director: _____

Address: _____

B. OFFICERS

President: Thomas W Center

Address: 203 E Emma Ste A

Springdale, AR 72764

Vice President: Clifton C Scogin

Address: 203 E Emma Ste A

Springdale, AR 72764

Secretary: Michael F Vogle


Address: 9820 East 41st Street, Suite 303, Tulsa, OK 74146

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. Jennifer Cleveland, pursuant to power of attorney
(Typed or printed name and capacity of person signing application)

Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT HC Recovery, Inc., ("Entity") an entity organized under the laws of Oklahoma, does hereby appoint Catherine Ramstad, Jennifer Cleveland, Robin Buendiger, Janis St. Martin and Joleen Schwartz while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses; permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 19th day of November, 2009.

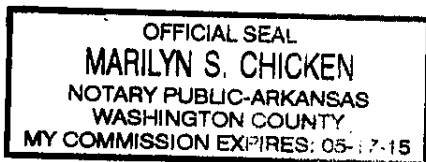
Cliffon C. Seppin, C.F.O
Signature of Authorized Entity Representative

Cliffon C. Seppin, Chief Financial Officer
Print Name and Title

Sworn to and subscribed before me
this 19th of November, 2009.

Notary Public, State of Arkansas
Commission Expires: 05-17-15

Marilyn S. Chicken



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10 JAN 27 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that HC RECOVERY, INC. whose registered agent is The Corporation Company, with its registered office at 735 First National Building 120 N. Robinson Oklahoma City 73102 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 13th, day of January 2010.

M. Susan Savage

Secretary Of State

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TALLAHASSEE, FLORIDA