

# F95000002793

W95-10680

POST OFFICE BOX 1093	
BRUNSWICK, GA 31521	
(City, State, Zip)	(Phone #)

100001494071  
 -05/19/95--01003--002  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

OFFICE USE ONLY

### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

*gf*

95 JUN -8 AM 9:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

## FILED

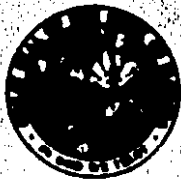
NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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**FLORIDA DEPARTMENT OF STATE**

Sandra B. Mortham  
Secretary of State

**May 19, 1995**

**JUDY C. WOOD  
1527 GOODYEAR AVE.  
BRUNSWICK, GA 31520**

**SUBJECT: ACCOUNTS RECEIVABLE, THE PROFFESIONAL RECOVERY  
FIRM, INC.  
Ref. Number: W95000010680**

**We have received your document for ACCOUNTS RECEIVABLE, THE  
PROFFESIONAL RECOVERY FIRM, INC. and your check(s) totaling \$70.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):**

**The designation of the registered agent must be at a Florida street address.**

**The entity's period of duration must be listed on the application. Please insert the  
word "perpetual", if a specific date of dissolution or term of existence has not  
been specified.**

**A certificate of existence, dated no more than 90 days prior to the delivery of the  
application to the Department of State, duly authenticated by the secretary of  
state or other official having custody of the records in the jurisdiction under the  
laws of which it is incorporated/organized, must be submitted to this office. A  
translation of the certificate under oath of the translator must be attached to a  
certificate which is in a language other than the English language. A photocopy  
of this certificate is not acceptable.**

**Please verify the spelling of your corporate name.**

**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  
(904) 487-6093.**

**Freta Lott  
Corporate Specialist Supervisor**

**Letter Number: 795A00025817**

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

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. ACCOUNTS RECEIVABLE, THE PROFESSIONAL RECOVERY FIRM, 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. GEORGIA 3. 58-2071496  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 1993 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. MAY 16, 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 1527 GOODYEAR AVENUE  
BRUNSWICK, GEORGIA 31520  
(Current mailing address)

8. BILLING AND COLLECTIONS  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: JUDY C WOOD  
Office Address: 1527 GOODYEAR AVENUE / 1250 South 18th Street  
BRUNSWICK, GEORGIA 31520, Florida, Fernandina Bch FL 32034  
(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.*

Judy C. Wood  
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: JUDY C. WOOD

Address: 1527 GOODYEAR AVENUE

BRUNSWICK, GEORGIA 31520

Vice President: ROYCE WOOD

Address: SAME

Secretary: EVELYN WOOD

Address: SAME

Treasurer: WILLIAM DAVID WOOD

Address: SAME

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TALLAHASSEE, FLORIDA

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

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

14. Judy C. Wood - President  
(Typed or printed name and capacity of person signing application)

**Secretary of State  
Corporations Division  
Suite 315, West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 951500755  
CONTROL NUMBER : 9319281  
DATE INC/AUTH/FILED : 08/19/1993  
JURISDICTION : GEORGIA  
PRINT DATE : 05/30/1995  
FORM NUMBER : 211

JUDY WOOD  
1527 GOODYEAR AVENUE  
BRUNSWICK GA 31520

**CERTIFICATE OF EXISTENCE**

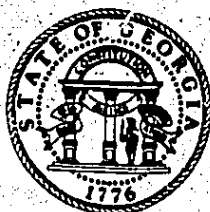
I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**ACCOUNTS RECEIVABLES -- THE PROFESSIONAL RECOVERY FIRM, INC.  
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. 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 or certificate of cancellation 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 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.



*Max Cleland*  
MAX CLELAND  
SECRETARY OF STATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

CORPORATIONS  
656-2817

CORPORATIONS HOT LINE  
404-656-2222  
Outside Metro-Atlanta