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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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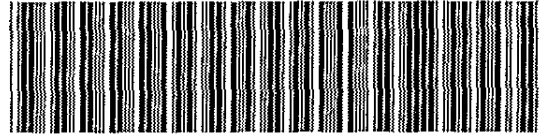
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

3/12/07

**COVER LETTER**

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**TO:** New Filing Section  
Division of Corporations

07 MAR -9 PM 3:59

**SUBJECT:** Capital Recovery Systems, Inc.  
(Name of corporation - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Tonia McFerin

(Name of Person)

Capital Recovery Systems, Inc.

(Firm/Company)

750 Cross Pointe Rd STE - S

(Address)

Gahanna OH 43230

(City/State and Zip code)

For further information concerning this matter, please call:

Tonia McFerin

(Name of Person)

at ( 614 ) 328-2107

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

Capital Recovery

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

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

4. October 21, 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Capital Recovery has not transacted any business in Florida to date.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 750 Cross Pointe Rd STE - S, Gahanna OH 43230
(Principal office address)

750 Cross Pointe Rd STE - S, Gahanna OH 43230
(Current mailing address)

8. Government Collection Services
(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: Nick Fante

Office Address: 1600 Farmington Ave

Wellington, Florida 33414
(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.

N. Fante

(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: \_\_\_\_\_

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

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

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

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**B. OFFICERS**

President: Craig W. Klein

Address: 5220 Harbor Pointe  
Galena OH 43021

Vice President: \_\_\_\_\_

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

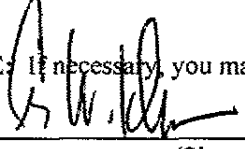
Secretary: Cindy Klein

Address: 5220 Harbor Pointe, Galena OH 43021

Treasurer: Kim Sovell

Address: 7485 Red Maple Pl , Galena OH 43021

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. Craig W. Klein, President  
(Typed or printed name and capacity of person signing application)

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CAPITAL RECOVERY SYSTEMS, INC., an Ohio corporation, Charter No. 995330, having its principal location in Columbus, County of Franklin, was incorporated on October 21, 1997 and is currently in GOOD STANDING upon the records of this office.*

**FILED**  
**07 MAR -9 PM 3:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 5th day of March, A.D. 2007*

A handwritten signature in black ink, appearing to read "Jennifer Brunner".

Ohio Secretary of State