Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The	name of the corporation is	Revenue Recovery Corporation							
2.	It is incorporated under the laws ofTN									
3.	The	The name, if different, which it elects to use in Rhode Island is:								
	(a)	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:								
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be application:										
١.	The	date of its incorporation is	2/01/1989-10 24 79 and the period of its duration is Perpetual							
i.	The	address of its principal office	s 7005 Middlebrook Pike, Knoxville, TN 37909	de Managare e constitues against agains						
3 .	The	address of its proposed regist	ered office in Rhode Island is 222 Jefferson Blvd., Suite 200							
		Warwick	(Street Address, not P.O. Box)							
		(City/Town)	RI 02888 and the name of its proposed registered agent in Rinde I	Island at						
	that	address is Corporation	Service Company	ガングロ						
	******		(Name of Agent)	<u> </u>						
	The	purpose or purposes which it	proposes to pursue in the transaction of business in Rhode Island are:	공기명						
	_	ebt Collection	ca							
			- 3							
١.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state o country of which it is incorporated).									
		Nan	<u>Address</u>							
	Dire	ctor Gregg A Sw	rsky 7005 Middlebrook Pike, Knoxville, TN 37909							
	Dire	ctor Robert C M								
	Dire	ELED &								
	Director									
			SEP 1 4 2015							
		n No. 150 sed: 06/11	EV /m 25/22/9 9:45							

				<u>Name</u>	<u>Address</u>		
			Gregg A. Sv	versky	7005 Middleb	7005 Middlebrook Pike, Knoxville, TN 37909	
			Robert C. N	IcReynolds	7005 Middlebrook Pike, Knoxville, TN 37909		
	Seci	retary			***************************************		
) .				nich it has authority to issu	e; Itemized by classes, po	ar value of shares, shares without par value,	
	and series, if any, within a class, is:			Class	Cayloo	Par Value or Statement that	
		Number of Sha	10,000	Class	Series	Shares are without Par Value	
					M/a		
10.	(a)	s 1,000,0 following year	OO , wherever locate		f the value of all proper	ty to be owned by the corporation for the	
	(b)	\$ 0	he following year	= An estimate of	the value of the corpor	ation's property to be located within Rhode	
	(c)	the corporation be owned duri	n to be located v	ithin this state during the	following year bears to t	n that the estimated value of the property of the value of all property of the corporation to bly by 100 to obtain the percentage)	
11.	(a)	s 16,400 during the follow		= An estimate of	the gross amount of bu	usiness to be transacted by the corporation	
	(b)	\$ O	of business in R	= An estimate of hode Island during the follow	the gross amount of bus owing year.	siness to be transacted by the corporation at	
	(c)	transacted by thereof which the percentag	the corporation will be transacte	at or from places of busin	ess in this state during t	on that the gross amount of business to be he following year bears to the gross amount ivide (b) by (a) and multiply by 100 to obtain	
12.		s application is s of which it is		y a certificate of Good St	anding issued by the pro	oper officer of the state or country under the	
13.	Thi	s Application fo	r Certificate of A	uthority shall be effective u	ipon filing unless a specif	fied date is provided which shall be no later	
	tha	n the 90th day	after the date of	his filing			
				A; at	oplication for Certificate	declare and affirm that I have examined this of Authority, including any accompanying statements contained herein are true and	
Da	ite: <) du 24	12015		Sum		
					Signatura of Au Gregg A. Swersky	thorized Officer of the Comporation	
				-		Name of Authorized Officer	



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CORPORATION SERVICE COMPANY

2711 CENTERVILLE ROAD

WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Request #:

0171521

Issuance Date: 08/06/2015/2

Copies Requested:

August 6, 2015

Document Receipt

Receipt #: 002182025

Payment-Credit Card - State Payment Center - CC #: 164058919

Filing Fee:

Regarding:

REVENUE RECOVERY CORPORATION

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 10/24/1979

Status: **Duration Term:** Active Perpetual

Business County: KNOX COUNTY

Control #:

79710

Date Formed:

10/24/1979

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

REVENUE RECOVERY CORPORATION

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 013101110

Processed By: Cert Web User

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

