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(Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	/)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	r)
(Docum	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filir	ng Officer:	

Office Use Only



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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Recalls.org	, Inc.			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed is an original	and one(1) copy of the Artic	cles of Incorporation and	a check for :	
□ \$70.00	\$78.75	□\$78.75	☑ \$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
riing rec	Certificate of	& Certified Copy	Certified Copy	
	Status	& Certified Copy	& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Paul J. Carrafa			
TROM.	Name (Printed or typed)			
	12640 Highway 98 North			
Address				
	Lakeland, FL 33809-1090			
		State & Zip	- · · - ·	
	000 000 004			
	863-853-5047	Jankana numbar	- · · · · ·	
	Dayume 1e	lephone number		

NOTE: Please provide the original and one copy of the articles.

OS APR 18 PM 2

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Recalls.org, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Business and Mailing are both the same: 12640 Highway 98 North Lakeland. FI 33809-1090

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Organized exclusively for consumer educational purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The election of the directors is as stated in the bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Paul J. Carrafa 12640 Highway 98 North Lakeland, FL 33809-1090

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia J. Carrafa 12640 Highway 98 North Lakeland, FL 33809-1090

and the second s	موال ملك مقل ملك مثل موال مقد ملك ملك مات مدان مطف مدي مطف مله م	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Having been named as registered agent to accept service of process j in this certificate, I am familiar with and accept the appointment as	for the above stated c registered agent and	orporation at the place designated agree to act in this capacity.
hut h leta	· ·	April 15, 2005
Signature/Registered Agent		Date
Patricia Canala	500 7 70 4 1 2 <u>2</u> 	April 15, 2005
Signature/Incorporator/	<u> </u>	Date