

N23000008844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

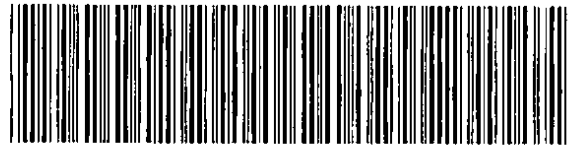
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800411220628

07/06/23--01042--005 \*\*78.75

23 JUL -6 AM 11:59  
FILED

FILED

## COVER LETTER

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

**SUBJECT:** RJRNY Recovery Services, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Scott Kirchen

\_\_\_\_\_  
Name (Printed or typed)

4142 Central Sarasota Parkway, Unit 1414

\_\_\_\_\_  
Address

Sarasota, FL 34238

\_\_\_\_\_  
City, State & Zip

949-340-4197

\_\_\_\_\_  
Daytime Telephone number

sosrecoveryservices@gmail.com

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

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: RJRNY Recovery Services, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4142 Central Sarasota Parkway, Unit 1414

Sarasota, FL 34238

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious,  
educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as  
exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal  
tax code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed, As provided for in the Bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Scott Kirchen, President, Secretary, Treasurer and  
Director

Address 4142 Central Sarasota Parkway, Unit 1414  
Sarasota, FL 34238

Name and Title: Michael Hendershot, Director

Address 470 Magellan Dr  
Sarasota, FL 34243

Name and Title: Jay Cordova, Director

Address 5255 Winthrop Ave , Suite 200  
Indianapolis, IN 46220

Name and Title: Andy McGaffigan, Director

Address 6277 Silver Leaf Ln  
Lakeland, FL 33813

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Scott Kirchen

Address: 4142 Central Sarasota Parkway, Unit 1414

Sarasota, FL 34238

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Scott Kirchen

Address: 4142 Central Sarasota Parkway, Unit 1414

Sarasota, FL 34238

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

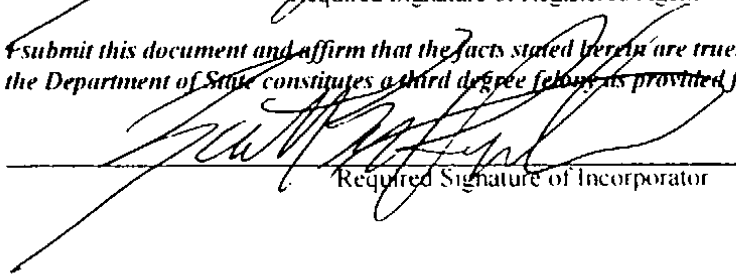
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

6/30/23  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

6/30/23  
Date

23 JUN -6 AM 11:58  
FILED

FILED