# POOOOOOOOO 4044 TRANSMITTAL LETTER

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



SUBJECT: _	FLORIDA RECOVE		•
	(Proposed o	corporate name - must includ	de suffix) <b>3000030900</b> -01/06/000: *****78.75
Enclosed is an or	iginal and one(1) copy of the article	es of incorporation and a	check for :
☐ \$70.00 Filing Fee	7-10:10	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
	<u>.</u>	ADDITIONAL COPY REQUIRED	
FŔŎĨ		W	L-20
Name (Printed or typed)			
	201 DYER ROAD	Address	· .
	F	ida ess	
	PORT ST. LUCIE, FL	ORTDA: 34952	

Daytime Telephone number

Jay Fould

AUTHORIZATION BY PHONE TO

CORRECT ART II add nanu / add css

DATE

DOC. EXAM

SHT

& Thompson JAN 1 3 2000

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

City, State & Zip

### ARTICLES OF INCORPORATION

Business Corporation Act, hereby adopts the following Articles of Incorporation.

## 00 JM - 6 M 9:06 The undersigned incorporator, for the purpose of forming a corporation under the Florida ARTICLE I The name of the corporation shall be: FLORIDA RECOVERY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

201 DYER ROAD PORT ST LUCIE, FL 34952

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

TOM GERALD EASTMAN 201 DYER ROAD PORT ST. LUCIE, FL. 34952

#### INCORPORATOR ARTICLE V

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

TOM GERALD EASTMAN 201 DYER ROAD PORT ST. LUCIE/2 FL. 34952

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 earlies relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my duties are gistered agent Dt.4-00

Signature/Registered Agent