

TRANSMITTAL LETTER

P010000044762

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

SUBJECT: Capital Research & Recovery Corporation
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Stephen Maikel
Name (Printed or typed)

PO Box 48444
Address

800004091858--5
-04/30/01--01102--005
*****78.75 *****78.75

St Petersburg, FL 33743
City, State & Zip

(727) 321-2959 / (727) 492-7447
Daytime Telephone number

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

FILED
01 APR 30 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FL 32314

10-3-01
HOC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Capital Research & Recovery Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 48444
St Petersburg, FL 33743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

1000 @ \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Stephen Maisel
PO Box 48444
St Petersburg, FL 33743

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Stephen Maisel
2352 51ST ST N.
St Petersburg, FL 33710

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephen Maisel
2352 51ST ST N.
St Petersburg, FL 33710

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
01 APR 30 PM 4:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE