TRANSMITTAL LETTER

P01000046173 APPROVED

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Atlantic Coast Recovery 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

□ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: _____

Eric Pierce

Name (Printed or typed)

PO BOX 650622
Address

Jacksonville, Fl 32255 City, State & Zip

904-619-3301 Daytime Telephone number

900004164139--:

******78.75 ******78.75

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

(B) fur



*ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Brafit)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Atlantic Coast Recovery, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: POBOX 550000 Jacksonu: 11e, Fl 32055
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 3:11: ng, Credit, Consulting 3. Collections.
ARTICLE IV SHARES The number of shares of stock is: 1 20
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Sheryl Mann - Secretary Treasurer 924 Jorik Ct W Jacksonville, Fl 32255
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Eric Pierce 924 Jorick C. H. W. Jacksonville, Fl 32000 32225
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Eric Pierce PO Box 550622 Lacksonville, FI 32255

Signature/Registered Agent 5/8/01 Date
Signature/Incorporator 5/8/0/ Date