P.02/05



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000071860 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To;

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

NATIONS RECOVERY SYSTEMS INC.

Certificate of Status	0
Certified Copy	1
Page Count	94/5
Estimated Charge	\$78.75

8. McKnight JUN 0 8 2001





June 7, 2001

EMPIRE

SUBJECT: NATIONS RECOVERY SYSTEMS INC.

REF: W01000013029

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent and street address must be consistent wherever it appears in your document.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan Document Specialist New Filing Section FAX Aud. #: E01000071860 Letter Number: 301A00035032 JUN-07-2001 15:25 H 0

H 01000071860

ARTICLES OF INCORPORATION

OF

NATIONS RECOVERY SYSTEMS INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: NATIONS RECOVERY SYSTEMS INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 9300 S.W. 87^{TH} AVE., SUITE 6, MIAMI, FL 33176

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 7.500 shares having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

H 01000071880

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: LOIDA GARCIA 9300 SW 87 AVE., SUITE 6, MIAMI, FL 33176

ARTICLE VII

The name and address of the officers and initial board of director(s) shall be:

LOIDA GARCIA PRES/DIR

9300 SW 87 AVE., SUITE 6., MIAMI, FL 33176

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Empire Corporate Kit of America, Inc. 2444 N.W. 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 6th day of <u>JUNE</u>,2001.

Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

H 01000071860

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

Olliceste	
First that Nations Recovery Systems Inc. (Name of Corporation) Florida	
(Name of Corporation) (Name of Corporation) desiring to organize under the laws of the State of (Florida)	
desiring to organize under the many of the (Florida)	
with its principal office, as indicated in the articles of incorporation has	
Auth was become	
named Loida Carcia (Name of Registered Agent)	
(Name of Registered Agent)	
named Loida Garcia (Name of Registered Agent) located at 9300. SW 87 Ave, Suite 6.	
City of Midray County of Dade State of Horida, as its	
agent to accept service of process within this state.	
agent to accept service of process them.	

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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND IAM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE_

H 01000071860

01 JUN -7 AM II: 30
SECRETARY OF STATE TALLAHASSIL, FLORIDA