

P01000057638
TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 11 PM 1:26

APPROVED,
AND
FILED

SUBJECT: RECOVERY SPECIALISTS USA, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004397164--3
-06/11/01--01088--014
*****87.50 *****87.50

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: HAROLD GUSTAVSON
Name (Printed or typed)

3952 TOWNSHIP SQ. BLVD. #1211
Address

ORLANDO, FL 32837
City, State & Zip

407-850-3999
Daytime Telephone number

10
OFFICE OF FILING

01 JUN 11 PM 1:14

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

g6/11

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AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
RECOVERY SPECIALISTS USA, INC.

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A
CORPORATION UNDER THE FLORIDA CORPORATE ACT HEREBY ADOPT
THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE ONE
NAME

THE NAME OF THE CORPORATION IS, RECOVERY SPECIALISTS USA, INC.

ARTICLE TWO
DURATION

THE TERM EXISTENCE OF THE CORPORATION IS PERPETUAL.

ARTICLE THREE
PURPOSE

THE CORPORATION MAY TRANSACT ANY AND ALL LAWFUL BUSINESS
FOR WHICH CORPORATIONS MAYBE INCORPORATED UNDER THE FLORIDA
GENERAL CORPORATION ACT.

ARTICLE FOUR
CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION HAS
AUTHORITY TO ISSUE IS ONE THOUSAND (1,000) ALL OF WHICH SHALL BE
COMMON SHARES WITH NO PAR VALUE.

ARTICLE FIVE
REGISTERED OFFICE

THE STREET ADDRESS OF THE INITIAL PRINCIPAL OFFICE OF THE
CORPORATION IS 3952 TOWNSHIP SQUARE BLVD. #1211, ORLANDO,
FLORIDA 32837, AND THE REGISTERED AGENT AT SUCH ADDRESS IS
HAROLD GUSTAVSSON. THE PRINCIPAL ADDRESS AND THE REGISTERED
OFFICE ADDRESS IS THE SAME.

**ARTICLE SIX
DIRECTORS**

THE BOARD OF DIRECTORS OF THE CORPORATION SHALL CONSIST OF ONE
(1) MEMBER. THE NAME AND ADDRESS OF THE FIRST BOARD OF
DIRECTORS IS:

HAROLD GUSTAVSSON, 3952 TOWNSHIP SQUARE BLVD. #1211, ORLANDO,
FLORIDA 32837.

**ARTICLE SEVEN
INCORPORATORS**

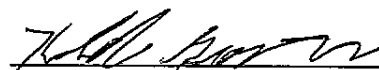
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

HAROLD GUSTAVSSON, 3952 TOWNSHIP SQUARE BLVD. #1211, ORLANDO,
FLORIDA 32837

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TALLAHASSEE, FLORIDA

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I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND
RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION. IN
WITNESS WHEREOF, I HAVE SUBSCRIBED MY NAME THIS 10TH DAY OF
JUNE 2001.


HAROLD GUSTAVSSON
INCORPORATOR AND
REGISTERED AGENT

STATE OF FLORIDA)

SS:

COUNTY OF ~~ORANGE~~) *Leon*

ON THE *11th* DAY JUNE 2001, BEFORE ME A NOTARY PUBLIC, THE
UNDERSIGNED OFFICER PERSONALLY APPEARED HAROLD GUSTAVSSON,
KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE
WITHIN INSTRUMENT, AND ACKNOWLEDGED WHAT HE EXECUTED THE
SAME FOR THE PURPOSE THEREIN CONTAINED.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL



Linda Jean Long
MY COMMISSION # CC931148 EXPIRES
August 3, 2004
BONDED THRU TROY FAIN INSURANCE, INC

