

PO1000059465  
Recovery Services Corp  
36 W. Illiana Street • Orlando, FL 32806  
(407) 206-4000 • (407) 206-4003 fax  
FILED

01 JUN 13 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

June 11, 2001

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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-06/13/01--01093--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

To Whom It May Concern:

Enclosed is a overnight return envelope for you to use to return our documents. Please feel free to call us if you require additional information.

Sincerely,

*H. Clay Lowry*  
H. Clay Lowry

Enclosures

D. WHITE JUN 14 2001 *2v*

**ARTICLES OF INCORPORATION**

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

**FILED**

ARTICLE I NAME

The name of the corporation shall be:

RECOVERY SERVICE CORP.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

36 W. ILLIANA ST  
ORLANDO, FL 32806

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a recovery service for  
JUDGEMENTS & LIENS & ANY OTHER legal business operations

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

H. CLAY LOWRY  
1819 OSMAN AVENUE  
ORLANDO, FL 32806

ARTICLE VI REGISTERED AGENT

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

H. CLAY LOWRY  
36 W. ILLIANA ST  
ORLANDO, FL 32806

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

H. CLAY LOWRY  
36 W. ILLIANA ST  
ORLANDO, FL 32806

\*\*\*\*\*  
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

June 11, 2001

Signature/Incorporator

Date

June 11, 2001