

PD200000/0440

TRANSMITTAL LETTER

FILED  
02 JAN 24 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

000004794460--8  
-01/24/02--01063--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SOCKWELL RECOVERY BUREAU 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

☒ \$78.75

☐ \$122.50

☐ \$131.25

FROM: SOCKWELL RECOVERY BUREAU INC.

Name (printed or typed)

274 LOVELL LN.

Address

APOPKA, FL 32703

City, State & Zip

407-889-2787

Daytime Telephone number

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

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

SOCKWELL RECOVERY BUREAU, INC.

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## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

274 LOVELL LN  
APOPKA, FL 32703

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM DAVID SOCKWELL  
274 LOVELL LN  
APOPKA, FL 32703

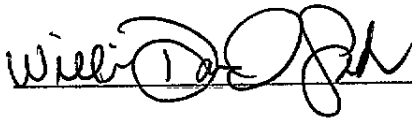
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM DAVID SOCKWELL  
274 LOVELL LN  
APOPKA, FL 32703

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18TH day of JANUARY 2002



Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

1. The name of the corporation is: SOCKWELL RECOVERY BUREAU INC.

2. The name and address of the registered agent and office is:

WILLIAM DAVID SOCKWELL

(Name)

274 LOVELL LN.

(P.O. Box not acceptable)

APOPKA, FL 32703

(City/State/Zip)

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*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 I am familiar with and accept the obligations of my position as registered agent.*

Will. David Sockwell  
(Signature)