# PO200024342

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

1 0 0 0 0 4 5 5 7 5 7 1 -- 5 -08/27/01--01078--002 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ASSET RECOVERY CORPORATION (PROPOSED CORPORA	N ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	d a check for:	SECRETAR	02 MAR -4	Ξ.
□ \$70.00  \$18.75  Filing Fee  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	RY OF STATE	, PM 3: 44	FILED
FROM: LILIANA BOZA  Name (Printed or typed)					
15689 S.W. 85 TERRACE Address					
MIAMI, FL 33193  City, State & Zip					
(305) 752-8935	Telephone number	<del>.</del>			

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

W01-20152



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 29, 2001

LILIANA BOZA 15689 SW 85 TERR MIAMI, FL 33193

SUBJECT: ASSET RECOVERY CORPORATION

Ref. Number: W01000020132

We have received your document for ASSET RECOVERY CORPORATION and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6915.

Letter Number: 601A00049178

Pamela Smith Document Specialist New Filings Section

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### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

Global Heir and Asset Locators, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19731 SW 216 Street Miami, FL 33170~

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO EFFECT RECOVERY OF UNCLAIMED ASSETS.

## ARTICLE IV SHARES

The number of shares of stock is: ONE THOUSAND

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

#### ARTICLE VI REGISTERED AGENT

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

LILIANA BOZA
19731 SW 216 Street Miami, FL 33170

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

LILIANA BOZA 19731 SW 216 Street \_ Miami, FL 33170

*****************	************
Having been named as registered agent to accept service of process for t certificate, I am familiar with and accept the appointment as registered a	the above stated corporation at the place designated in gent and agree to act in this canacity
Albora	08/17/01
Signature/Registered Agent	Date
Alexander	08/17/01
Signature/Incorporator	