

P02000070424

OFFICE USE ONLY (DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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-06/25/02--01059--014
*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AZTRY FINANCIAL RECOVERY INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 JUN 26 PM 12:24

FILED

RECEIVED
02 JUN 25 AM 11:47
DIVISION OF REGISTRATION

W02-18586
Art X 11 RA address
And Certificate
not same

06-26-07
Examiner's Initials 0



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 25, 2002

LAZARUS CORPORATE FILING SERVICE

SUBJECT: AZTRY FINANCIAL RECOVERY INC.
Ref. Number: W02000018506

We have received your document for AZTRY FINANCIAL RECOVERY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 002A00040787

ARTICLES OF INCORPORATION
OF
AZTRY FINANCIAL RECOVERY INC.

I the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

ARTICLE I : NAME

The name of the corporation shall be:

AZTRY FINANCIAL RECOVERY INC.

ARTICLE II : PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III: CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

ARTICLE IV : INITIAL CAPITAL

The amount of capital with which corporation shall begin business shall be \$ 600.00

ARTICLE V : CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI : POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be :
12545 W. OKEECHOBEE RD., HIALEAH, FL 33018
with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

ARTICLE VIII : NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting initially of 1 directors.

The numbers of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number required by the laws of the State of Florida, as amended from time to time.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VIII : INITIAL DIRECTORS

Aztry Rincon.

7020 NW 173 Dr. # 505, Hialeah, Fl. 33015

ARTICLE IX : OFFICERS

Aztry Rincon.

President.

ARTICLE X: SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow :

N A M E

A D D R E S S

Aztry Rincon.

Same as Article VIII

ARTICLE XI : AMENDMENTS

Theses articles of incorporation may be amended from time to time in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote.

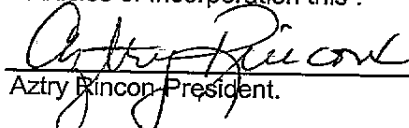
ARTICLE XII : REGISTERED OFFICE AND AGENT.

The initial address of the registered office of the corporation is:
12545 W. Okeechobee Rd., Fl. 33018

and the registered agent is :

Aztry Rincon.

The undersigned has (have) executed theses Articles of Incorporation this :



Aztry Rincon President.

FILED

2002 JUN 26 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

1- The name of the corporation is :.

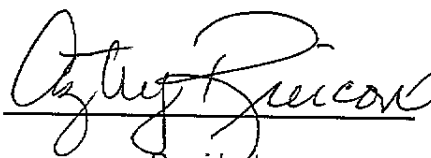
Aztry Financial Recovery Inc.

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

Aztry Rincon.

12545 W. Okeechobee Rd.
Hialeah, Fl. 33018

SIGNATURE



TITLE

President.

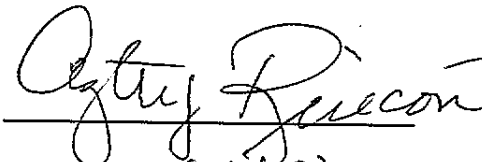
DATE

6-24-02

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.

SIGNATURE



DATE

6-24-02