

P02000092090

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000185920 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 AUG 23 PM 7:46

FLORIDA PROFIT CORPORATION OR P.A.

RECOVERY ASSET MANAGEMNT INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

F. GIESSEN

AUG 2 6

ARTICLES OF INCORPORATION
OF

RECOVERY ASSET MANAGEMENT INC.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
02 AUG 23 PM 7:46

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

ARTICLE I NAME

The name of the corporation shall be:

RECOVERY ASSET MANAGEMENT INC.

The principal place of business of this corporation shall be:

737 ORCHID DRIVE, PLANTATION, FL 33317

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 SHARES @ 1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

(PRESIDENT)
CARLOS RAMOS
737 ORCHID DRIVE
PLANTATION, FL 33317

(100% SHARES)
(VICE-PRES & SEC)
OMHERY MADRIZ
737 ORCHID DRIVE
PLANTATION, FL 33317

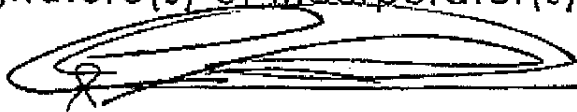
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

CARLOS RAMOS
737 ORCHID DRIVE
PLANTATION, FL 33317

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 18th day of AUGUST ~~2001~~ 2002

Signature(s) of Incorporator(s)

A handwritten signature, likely of Carlos Ramos, is written over a horizontal line. The signature is stylized and appears to be in ink.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

RECOVERY ASSET MANAGEMENT INC.

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

CARLOS RAMOS 737 ORCHID DRIVE

(P.O. BOX NOT ACCEPTABLE)

PLANTATION, FL 33317

(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 AUG 23 PM 7:46

SIGNATURE 

TITLE PRESIDENT

DATE AUGUST 18, 2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE AUGUST 18, 2002