

P02000112111

TRANSMITTAL LETTER

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

100008419801--8  
-10/17/02--01023--012  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

100008419801--8  
-10/17/02--01023--013  
\*\*\*\*\*0.25 \*\*\*\*\*0.25

SUBJECT: Recovery Consultants, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Steven Cohen

Name (Printed or typed)

10316 Lollipop lane

Address

Orlando, FL 32821

City, State & Zip

407-402-3071

Daytime Telephone number

FILED  
2002 OCT 17 PM 2:28  
TALLAHASSEE, FLORIDA

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

10/17/02

## 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:

Recovery Consultants, Inc

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1460 gemini Blvd #2 Orlando, Fl 32837

Mailing address

10316 Lollipop lane Orlando, Fl 32821

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Recovery agency business

### **ARTICLE IV      SHARES**

The number of shares of stock is:

100

### **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:

Steven Cohen

10316 Lollipop lane

Orlando, Fl 32821

### **ARTICLE VII      INCORPORATOR**

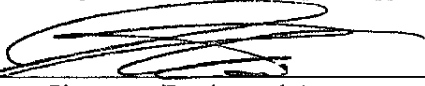
The name and address of the Incorporator is:

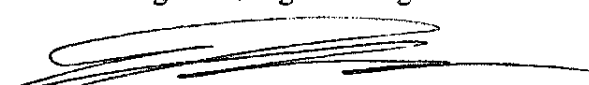
Steven Cohen

10316 Lollipop lane

Orlando, Fl 32821

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Incorporator

**FILED**

2002 OCT 17 PM 2:28

STATE  
TALLAHASSEE FLORIDA

10/10/02  
\_\_\_\_\_  
Date

10/10/02  
\_\_\_\_\_  
Date