

TRANSMITTAL LETTER

PO2000114047

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

100008428631--8
-10/17/02--01063--008
*****78.75 *****78.75

SUBJECT: RECOVERY MANAGEMENT SERVICES
(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 \$18.75
Filing Fee Filing Fee
& Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of & Certificate of
Status Status
ADDITIONAL COPY REQUIRED

FROM: VAIERIE NEMIA
Name (Printed or typed)

18428 NW 22 STREET
Address

PEMBROKE PINES FL 33029
City, State & Zip

954-437-0498
Daytime Telephone number

02 OCT 22 PM 1:56
FILED
TALLAHASSEE, FLORIDA

W-30108

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

IBM 10/23



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 18, 2002

VALERIE NEMIA
18488 NW 22 STREET
PEMBROKE PINES, FL 33029

SUBJECT: RECOVERY MANAGEMENT SERVICES
Ref. Number: W02000030108

We have received your document for RECOVERY MANAGEMENT SERVICES 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 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.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

PLEASE COMPLETE ARTICLE VI BY ADDING THE REGISTERED AGENTS NAME.,

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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 902A00057997

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 MANAGEMENT SERVICES GROUP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18488 NW 22 STREET
PEMBROKE PINES FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COLLECTION AGENCY

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

VALERIE NEMIA
18488 NW 22 ST
PEMBROKE PINES
FL 33029

THOMAS VOGT
1155 BLACK WILLOW LANE
WELLINGTON FL 33414

ARTICLE VI REGISTERED AGENT

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

VALERIE NEMIA
18488 NW 22 ST
PEMBROKE PINES FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VALERIE NEMIA
18488 NW 22 ST
PEMBROKE PINES FL 33029

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

Date

10/2/02

Signature/Incorporator

Date

10/2/02

FILED
02 OCT 22 PM 1:56
STATE
TALLAHASSEE, FLORIDA