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SECRETARY OF STATE
TALLAH (SEEE, ELERIDA

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## TRANSMITTAL LETTER

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

DOC. EXAM

	(From obligation of the obliga			
Enclosed are an original	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
	( ) ( )			
\$70.00	<b>□</b> \$78.75	<b>□</b> \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
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FROM:	FRAN HAVES	Printed or typed)		
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NOTE: Please provide the original and one copy of the articles.

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: - RECOVERY INTL., INC. PRINCIPAL OFFICE The principal place of business/mailing address is: NW 55 100 Ft. LAUDERDALE FL ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFIT ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS/DIRECTO The name(s), address(es) and title(s): FRAN HAYES REGISTERED AGENT The name and Florida street address of the registered agent is: LAUderdale F1 33309 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

ARTICLES OF INCORPORATION

Signature/Incorporato