Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-3940

Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

AMERICAN RECOVERY SPECIALISTS OF FLORIDA, INC.

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

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SECRETARY OF STATE
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN RECOVERY SPECIALISTS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

AMERICAN RECOVERY SPECIALISTS OF FLORIDA, INC. 2296 State Road 84
Ft. Lauderdale, FL 33312

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and address of the initial registered agent is:

Harry M. Samuels 3143 Arbor Lane Hollywood, FL 33021

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Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Ronald M. Muliolis - President 4041 NE 31st Avenue Lighthouse Point, FL 33064

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ronald M. Muliolis 4041 NE 31st Avenue Lighthouse Point, FL 33064

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8th day of July 2003.

Ronald M. Muliolis - Signature

CERTIFICATE OF DESIGNATION OF 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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

(City / State / Zip)

| 1. The name of the co | AMERICAN RECOVERY SPECIALISTS O | F |
|-----------------------|--|---------------|
| 2. The name and addre | ss of the registered agent and office is: | _ |
| | Harry M. Samuels | |
| | Name | · |
| | 3143 Arbor Lane | |
| | (P.O. Box or Mail Drop Box NOT Acceptable) | |
| | Hollywood, FL 33021 | |

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

July 8, 2003

July 8, 2003

July 8, 2003

(Date)