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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 JACKSONVILLE, INC.**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 JACKSONVILLE, INC.

ARTICLE II PRINCIPAL OFFICE

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

**AMERICAN RECOVERY SPECIALISTS OF JACKSONVILLE, 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**

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

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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.

A handwritten signature in dark ink, appearing to be 'R. Muliolis', written over a horizontal line.

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.

**AMERICAN RECOVERY SPECIALISTS OF
JACKSONVILLE, INC.**

1. The name of the corporation is: _____

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

Harry M. Samuels

Name

3143 Arbor Lane

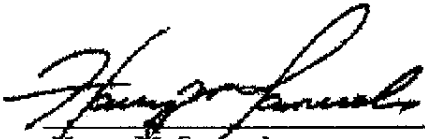
(P.O. Box or Mail Drop Box NOT Acceptable)

Hollywood, FL 33021

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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.



Harry M. Samuels
SIGNATURE

July 8, 2003

(Date)