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Division of Corporations

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From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870

Fax Number : (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

LAND RECOVERY INC.

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ARTICLES OF INCORPORATION

OF

LAND RECOVERY INC.

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

ARTICLE I: NAME

The name of the corporation is LAND RECOVERY INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 9006 Pine Tree Circle, Bradenton, FL 34202.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of one-dollar (\$1.00) per share.

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CAPITAL CONNECTION

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Gregory C. Meissner, 1111 3rd Avc., W., #150, Bradenton, FL 34205.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VII]: OFFICERS AND DIRECTORS

The initial Director of the Corporation is: John M. Owens, 9006 Pine Tree Circle, Bradenton, FL 34202.

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The undersigned has executed these Articles of Incorporation this 17th day of July 2003. Your Capital Connection, Inc., by Leilani White, Client Representative

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATEA TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

		Recovery -	
	1 1 1		 <u>,</u>
The name and street address of th	e registered agen	t and office is:	 -
_	•	t and office is:	
Che name and street address of the Gregory C. Med	FSAPT		

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Gregory C. Meissner

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