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EFFECTIVE DATE	•		
(F	Requestor's Name)		
(A	Address)		
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(0	City/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL MAIL	
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12/19/03--01023--003 **78.75

SECRETARY PROBLEM

TRANSMITTAL LETTER

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

SUBJECT: ARS, INC. DBA-Account'S Receivable Specialist, INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Ronnie Sisson Name	(Printed or typed)			
6220 7+1 Ave S Address					
Gulfport, F1, 33707 City, State & Zip					
727-384-8108 Daytime Telephone number					

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

,* *	DATE	
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FFECTIVE DATE	
in compliance with enaper sor and of enaper s21, 1.5. (Fronty	and the same of th	
ARTICLE I NAME		
The name of the corporation shall be:	Accounts Re	ceivable Specia
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is: 6220 Jewen	th Ave 5 / 5+	P.O. BOX 1307
Gulfport, F	=1 33707/5H	Petersburg, FI
,	7	J' 33
ARTICLE III PURPOSE	,	
The purpose for which the corporation is organized is: $A \cap A \cap A$	ection Agen	cy
	J	/
ARTICLE IV SHARES The number of shares of stock is: 100		3 <u>6</u> 03
The hallot of black of observation 1700		FILED 03 DEC 19 AM 9: 33 RECRETYS LEFTLORIDA
	•	表って
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	<u> </u>	in in
Ronnie Sisson - President		
6220 7+L Auc 5		208 213 34.3
6ulfport, Fl 33707		
60 (F poc 1, F 1 53 70)		
ARTICLE VI REGISTERED AGENT	ARTICLE VIII	EFFECTIVE DATE
The name and Florida street address of the registered agent is:	HALLCHE VILL	CFFECTIVE DATE
Ronnie Sisson	January 1, 200	04
6220 7+6 Aves		
bulfport, +1 33707		
ARTICLE VII INCORPORATOR		

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

| Compared to accept the appointment as registered agent and agree to act in this capacity

| 12-16-03 |
| Date | 13-16-03 |
| Compared to accept the appointment as registered agent and agree to act in this capacity

Romis Sissa 12-16-03
Signature/Incorporator Date

The name and address of the Incorporator is:

Ronnie Sisson 6220 7th Aue S

bulfport, Pl 33707