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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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TRANSMITTAL LETTER

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

SUBJECT: POINT	RECOVERY, INC.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
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nciosed are an orig	mai and one (1) copy of the art	neles of meorporation and	a check for.	
\$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL COPY REQUIRED		
		. Borrown cor i im your b		
FROM: M.	Travis Robbins			
I KOIVI.	Nam	e (Printed or typed)		
	Post Office Box 4148			
		Address		
	Tallahassee, Florida 32315		<u> </u>	
	City	, State & Zip		
	(850) 224-4090	Telephone number	 	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

POINT RECOVERY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 240 East Fifth Avenue
Tallahassee, Florida 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jimmy Dye - President Steve Stone - Vice President, Secretary, Treasurer

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Matthew Travis Robbins 236 East Fifth Avenue Tallahassee, Florida 32303

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Matthew Travis Robbins 236 East Fifth Avenue Tallahassee, Florida 32303

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

Signature/Registered Agent

Signature/Incorporator

13/

Date

OSMAR 15 PM 12:07
TALLAHASSEE, FLORID,

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