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TRANSMITTAL LETTER

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

SUBJECT:	FINANCIAL RECOR	UERY SYSTEMS	, INC.	
	(FROI OSED CORFOR	TE NAME - <u>MOST INCL</u>	ODE SUIVIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation an	d a check for:	•
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM:	PATRICIA MO Name	OTSOS (Printed or typed) OTERRACE		05 M/A 22
_	VERO BEACH City,	•	3	FILED 22 Fil 1:25
-	772 - 4/ Davtime T	92 - 1544 elephone 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: FINANCIAL RECOVERY SYSTEMS ASSOCIATES, INC.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1623 1414 AVENUE VERO BEACH FL 32960		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFIT / BENERAL OFFICE		
ARTICLE IV SHARES The number of shares of stock is: ,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	,	
List name(s), address(es) and specific title(s): PATRICIA MOUTSOS / PRESIDENT		05 11/2 22 FH
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: PATRICIT MOUTSOS 10 60 TOBITCO TERRACE VERO BENCH IFL 32963		F: 25
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: PATRICIA MOUTSOS 1060 TOBAGO TERRACE VERO BLACH, FL, 32963		
**************************************	****** designated	***** I in this
Patricia Mortso 3/2/05 Signature/Registered Agent Date Patricia Mortso 3/2/05 Signature/Incorporator Date		