# P05000/05944

| (Requestor's Name)                      |     |
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| (Business Entity Name)                  |     |
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| (Document Number)                       |     |
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| Certified Copies Certificates of Status |     |
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| Special Instructions to Filing Officer: |     |
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Office Use Only



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05 JUL 29 AM 8: 43

# TRANSMITTAL LETTER

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

| SUBJECT: + 1         | PROPOSED CORPORA                   | et kecover                      | I Inc             |
|----------------------|------------------------------------|---------------------------------|-------------------|
|                      | (PROPOSED CORPORA                  | TE NAME - MUST INGL             | UDE SUFFIX)       |
|                      |                                    |                                 |                   |
|                      |                                    |                                 |                   |
| Enclosed are an orio | inal and one (1) copy of the arti- | cles of incorporation and       | a check for       |
|                      | mar and one (1) copy of and arm    | olos or moorporation and        | / Condox Note     |
| \$70.00              | <b>□</b> \$78.75                   | \$78.75                         | <b>12</b> \$87.50 |
| Filing Fee           | Filing Fee                         | Filing Fee                      | Filing Fee,       |
|                      | & Certificate of Status            | & Certified Copy                | Certified Copy    |
|                      | The second of the party            |                                 | & Certificate of  |
|                      | •                                  | Status ADDITIONAL COPY REQUIRED |                   |
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|                      |                                    |                                 |                   |
| from: <u>f</u>       | Inthur E. Leno                     | a pl                            |                   |
|                      | Name                               | (Printed or typed)              | · <del>-</del>    |
|                      | 11.15 - 2 - 22.1                   | ۸                               |                   |
|                      | 1148 SW 2004,                      | 4110                            |                   |
|                      | 1                                  | Address                         |                   |
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|                      | Daytime 7                          | elephone number                 |                   |

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

# ARTICLES OF INCORPORATIONS

05 JUL 29 AM 8: 43

### ARTICLE I

The name of the corporation shall be: ALL FLORIDA ASSET RECOVERY, INC.

TALLAHASSEE, FLORIDA

#### ARTICLE II

The principle place of business/mailing address shall be: 1148 SW 2<sup>nd</sup> Avenue, Pompano Beach, Fl 33060

#### ARTICLE III

The purpose for which this corporation is organized is: the repossession and recovery of marine vessels.

#### ARTICLE IV

The number of shares of stock is one hundred (100).

#### ARTICLE V

The names and addresses of the initial officers and directors are:

Arthur E. Lengyel - President 1148 SW 2<sup>nd</sup> Avenue Pompano Beach, FL 33060

#### ARTICLE VI

The name and address of the Registered Agent is:

Arthur E. Lengyel - President 1148 SW 2<sup>nd</sup> Avenue Pompano Beach, FL 33060

# ARTICLE VII

The name and address of the incorporator is:

Arthur E. Lengyel - President 1148 SW 2<sup>nd</sup> Avenue Pompano Beach, FL 33060

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.

ARTHUR E LENGYEL as Registered

7/27/05

DATE

Incorporator