

PD5000/29717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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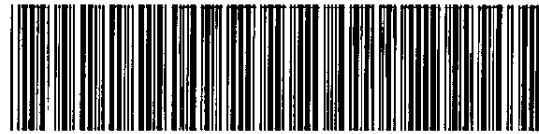
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF FLORIDA
TALLAHASSEE
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MRS
9/21

COVER LETTER

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

SUBJECT: American Recovery One 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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Glen Smith / Shannon Smith
Name (Printed or typed)

1678 SE Port St. Lucie Blvd.
Address

Port St. Lucie, FL 34952
City, State & Zip

772-335-4012
Daytime Telephone number

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

Articles of Incorporation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PG.1 of 2

Article I: Name

The name of the corporation shall be American Recovery One, Inc.

Article II: Principal Office

The Principal place of business is 1678 SE Port St. Lucie Blvd., Port St. Lucie, FL. 34952

Article III: Purpose

The purpose for which the corporation is organized is to aid in the Recovery of Loss due to natural disasters.

Article IV: Shares

The number of shares of stock shall be 100 with no par value. 51% of said stock are to owned by the President and 49% of said stock are to be owned by the vice-president.

Article V: Initial Officers/Directors

President:

Glen A. Smith
2649 SW Monterrey Lane
Port St. Lucie, FL 34953

Vice-President:

Shannon Smith
2649 SW Monterrey Lane
Port St. Lucie, FL. 34953

Article VI: Registered Agent

The name and street address of the registered agent are as follows:

Shannon L. Smith
2649 SW Monterrey Lane
Port St. Lucie, FL. 34953

Article VII: Incorporator

The name and address of the Incorporator are as follows:

Glen A. Smith
2649 SW Monterrey Lane
Port St. Lucie, FL. 34953

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.

Registered Agent Shannon Smith Date: 9.19.05
Incorporator: ~~A~~ SFL Date: 9.19.05

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