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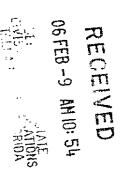
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CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5	973		
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CORPORATION NAME(S) & DOCUM	IENT NUMBE	R(S), (if know	n):
1. L-N-S RECOVER	Y INC	ment #)	
	·	·	
(Corporation Name)	(Досш	nent #)	
(Corporation Name)	(Docus	ment #)	
(Corporation Name)	(Docur	nent#)	<u></u>
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NEW FILINGS	AMENDME	<u>NTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILINGS	REGISTRA	TION/QUALI	<u>FICATION</u>
Annual Report Fictitious Name	Foreign Limited I Reinstate Tradema Other		
		E	caminer's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

L-N-S RECOVERY INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 15406 Sw 35 terr (44w FL 33185

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA SCHEER 15406 SW3Sterr Minni FL 33185

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: M_ARiA SOHEER

15406 500 35 tor Migni FL 33 (85

The undersigned incorporator has executed these Articles of Incorporation this day of 200

Signature

ARTICLE VI DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): ITARIA SCINETA

15406 sugsten Minni Fl 33185 (President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature