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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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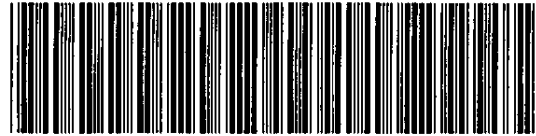
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Funds Recovery, 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: Diana R. Nonnenberg

Name (Printed or typed)

5118 N. 56th St., Suite 208

Address

Tampa, Florida 33610

City, State & Zip

(813) 310-2980

Daytime 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:

Funds Recovery, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5118 N. 56th St., Suite 208
Tampa, Florida 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Government Held Funds Recovery

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Diana R. Nonnenberg, President	Mark Nonnenberg, V.P.
5118 N. 56th St., Suite 208	5118 N. 56th St., Suite 208
Tampa, Florida 33610	Tampa, Florida 33610

ARTICLE VI REGISTERED AGENT

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

Mark Nonnenberg
4710 S. DawnMeadow Ct.
Plant City, Florida 33566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Nonnenberg
4710 S. DawnMeadow Ct.
Plant City, Florida 33566

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

5/31/06

Date

5/31/06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA