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DEPT. OF ASSOCIATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/29/07

COVER LETTER

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

SUBJECT: First Recovery Service of Fla. 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:

Troy Joe Shivers

Name (Printed or typed)

P.O. Box 1603

Address

Chiefland, FL 32644-1603

City, State & Zip

352-359-5413

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: *First Recovery Service of Fla. Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *P.O. Box 1603
305 Se 1st Ave Chiefland
Fl. 32644 Chiefland, Fl. 32644-1603*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
operate a Licensed Recovery agency

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Troy Joe Shivers
P.O. Box 1603
Chiefland, Fl. 32644-1603*

ARTICLE VI REGISTERED AGENT

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

*Troy Joe Shivers
305 SE 1st Ave Chiefland, Fl. 32626*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Troy J. Shivers
P.O. Box 1603
Chiefland, Fl. 32644-1603*

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

Troy J. Shivers

Signature/Registered Agent
Troy J. Shivers

Signature/Incorporator

3/29/07

Date
3/29/07

Date

FILED
07 MAR 29 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA