

PO7000046962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

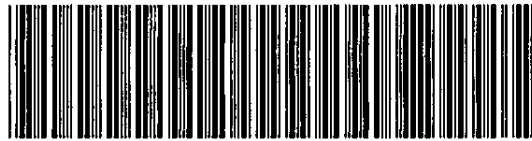
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: Madison Recovery Services, 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: MaryAnn Sabo

Name (Printed or typed)

336 W. Rio Vista Court

Address

Tampa, Florida 33604

City, State & Zip

727/894-4900

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:

Madison Recovery Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

336 W. Rio Vista Court
Tampa, Florida 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Debt Recovery

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MaryAnn Sabo, President
336 W. Rio Vista Court
Tampa, Florida 33604

ARTICLE VI REGISTERED AGENT

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

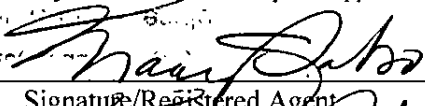
MaryAnn Sabo
336 W. Rio Vista Court
Tampa, Florida 33604

ARTICLE VII INCORPORATOR

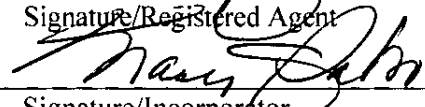
The name and address of the Incorporator is:

MaryAnn Sabo
336 W. Rio Vista Court
Tampa, Florida 33604

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/10/07

Date

04/10/07

Date