

P07000075959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

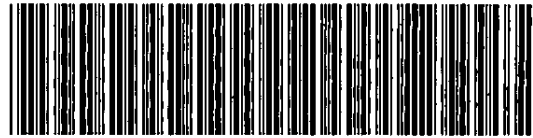
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C.F. 7-2

COVER LETTER

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

SUBJECT: TRI-COUNTY REPOSSESSION & 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: JAMIELEE PIERCE

Name (Printed or typed)

3345 OKEECHOBEE ROAD

Address

FORT PIERCE, FL. 34947

City, State & Zip

772-465-7239

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:

TRI-COUNTY REPOSSESSION & RECOVERY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3345 OKEECHOBEE ROAD
FORT PIERCE, FL. 34947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANTHONY DIFRANCESCO JR, PRESIDENT
GARY L REED, VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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


ANTHONY DIFRANCESCO JR
3345 OKEECHOBEE ROAD
FORT PIERCE, FL. 34947

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMIELEE PIERCE
3345 OKEECHOBEE ROAD
FORT PIERCE, FL. 34947

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



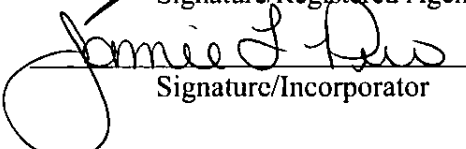
Signature/Registered Agent

6/22/07

Date

6/22/07

Date



Signature/Incorporator