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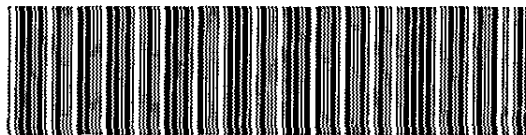
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7/11/07

Dudley P. Hardy, P.A.
Attorney at Law

Post Office Drawer 1030 ■ 403 W. Georgia Street ■ Starke, Florida 32091
(904)964-5701 ↔ Fax: (904)•964-2304 ■ e-mail: dudleyph@earthlink.net

July 2, 2007

STATE OF FLORIDA
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: **JDKD RECOVERY, INC.**

To Whom It May Concern:

Enclosed for filing is the original and one (1) copy of Articles Of Incorporation on the above. Also, enclosed is my check in the amount of \$70.00 for payment of the following:


1.	Filing Fee for Articles Of Incorporation	\$35.00
2.	Filing Fee for Designation And Acceptance by Registered Agent	<u>\$35.00</u>
	Total:	\$70.00

Please notify me upon the filing of the Articles Of Incorporation.

I appreciate your anticipated cooperation.

Sincerely,

DUDLEY P. HARDY, P.A.


Dudley P. Hardy
DPH/ke

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ARTICLES OF INCORPORATION

OF

JDKD RECOVERY, INC.

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DIVISION OF CORPORATIONS

07 JUL 11 PM 4:37

The undersigned incorporator of these Articles Of Incorporation, a natural person competent to contract, hereby subscribes himself to these Articles Of Incorporation under the laws of the State of Florida.

Article I - Name

The name of this Corporation is: JDKD RECOVERY, INC.

Article II - Purpose

This Corporation is organized for the purpose of transacting any or all lawful business as provided for in §607.0302, Florida Statutes.

Article III - Capital Stock

This Corporation is authorized to issue 100 shares of Five and No/100's Dollars (\$5.00) par value common stock.

Article IV - Preemptive Rights

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which they already hold, shall have the right to purchase his or her pro-rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

Article V - Principal Office

The street address of the principal office of this Corporation is 439 North Lake Street, Starke, Florida 32091; the mailing address is P. O. Box 522, Starke, Florida 32091.

Article VI- Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is: 439 North Lake Street, Starke, Florida 32091; the mailing address is P.O. Box 522, Starke, Florida 32091. The name of the initial registered agent of this Corporation at this address is Charlene H. Francis.

Article VII - Incorporator

The name and address of the initial incorporator of this Corporation is:

John David Francis
439 North Lake Street
P. O. Box 522
Starke, Florida 32091

Article VIII - Effective Date


The effective date on which this Corporation shall begin business is upon the filing of these Articles of Incorporation with the Department of State.

Article IX- Amendment

This Corporation reserves the right to amend or repeal any provisions contained in these Articles Of Incorporation or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

In Witness Whereof, the undersigned subscriber has executed these

Articles Of Incorporation on July 6, 2007.


JOHN DAVID FRANCIS

**STATE OF FLORIDA
COUNTY OF BRADFORD**

I **HEREBY CERTIFY** that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **JOHN DAVID FRANCIS** to me known to be the person described as subscriber or who has produced Colorado Driver's License
02-007-0198 as identification, and who executed the foregoing Articles Of Incorporation and acknowledged before me that he subscribed to the Articles Of Incorporation.

WITNESS my hand and official seal in the County and State named above this 6th day of July, 2007.



Diann M. Outlaw
Commission # DD530227
Expires April 4, 2010
Bonded Troy Pain Insurance, Inc. 800-348-7019


NOTARY PUBLIC, State of Florida

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DIVISION OF CORPORATIONS

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Certificate

**DESIGNATING THE ADDRESS WHERE,
AND AN AGENT UPON WHOM, PROCESS
MAY BE SERVED**

WITNESSETH

That **JDKD RECOVERY, INC.**, having organized under the laws of the State of Florida, and which will have its principal office in Starke, Florida has named **CHARLENE H. FRANCIS** whose address is 439 North Lake Street, Starke, Florida 32091, as its agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named in the Articles Of Incorporation of **JDKD RECOVERY, INC.**, to accept service of process for the Corporation, at the place designated in this Certificate, I hereby agree to serve as the registered agent for the Corporation and agree to comply with the applicable provisions of the Florida Statutes.

Dated this 6 day of July, 2007.

x *Charlene H. Francis*
CHARLENE H. FRANCIS, Registered Agent