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(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
· ·	
(Document Number)	_
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦





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COVER LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	111000s 114 1100es tors	0	. 1	1
SUBJECT: X	, and the second		Services,	ρ C
Enclosed are an ong	ginal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	James Ada	Printed or typed)		
	4630 KIRK	MAN ROL #	713	
	ORTANDO, FI	. 3281 State & Zip	1	

NOTE: Please provide the original and one copy of the articles.



RECEIVED

08 FEB 11 AM 8: 00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIVISION OF CORPORATIONS

January 3, 2008

JAMES ADAMCZYK 4630 KIRKMAN RD.#713 ORLANDO, FL 32811

SUBJECT: INTERNATIONAL RECOVERY SERVICES INC

Ref. Number: W08000000382

We have received your document for INTERNATIONAL RECOVERY SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 308A00000372

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be: When the stars Recovery Services INC Thruestors	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
4630 S. Kikkman Rd # 713 OKlawpo Fl 32811	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: CONSUMER SERVICES AND Education 8	
ARTICLE IV SHARES The number of shares of stock is: 500°	FILEUS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	Alber
James Adamczyk 4630 5 Kirkman Rd# 713 Orla	JWPO
President + Secretary -	
MARK Adam czyk 4630 S Kinkmarka # 9130 NANSC	, A 32811
Vice-President - TREASURER	

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registe	ered agent is:
Mark Adamczyk	-
5475 Vineland Rd #8ZIY, ORLAN	~DO, FC 32811
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Mark thancripe	
5478 Vineland Pd. #8ZLY, ORLANDO	FC 32811

Having been named of registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act in	oration at the place designated in this n this capacity
	12-25-07
Sygnature/Registered Agent	Date
	12-25-07
Signature/Incorporator	

REGISTERED AGENT

ARTICLE VI

DIVISION OF CORPORATIONS

08 FEB 11 PH 4: 32