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SAAK AYLOR  Requester's Name  PO BX 14122  Address  TALLY FL 384  City/Synte/Zip Phone #  321-  CORPORATION NAME(S) & DOCU	3/7 -595/ MENT NUMBER(S), (	Office Use Only (if known):
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	rship
		Examiner's Initials

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### SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: NATIONAL ASSOCIATION OF RECOVERY SPECIALISTS, INC.

The purpose of this corporation is to provide consulting on behalf of recovery agents and all other legal activities that may be needed.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2330 SE 52<sup>nd</sup> Street, Ocala, FL, 34480.

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES PAR VALUE OF \$1.00

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Joseph S. Taylor, 2330 SE 52<sup>nd</sup> Street, Ocala, FL, 34480.

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): JOSEPH TAYLOR (President), 2330 SE 52<sup>nd</sup> Street, Ocala, FL, 34480.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 4 day of APRIL 2006. 2008.

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name if the corporation is: NATIONAL ASSOCIATION OF RECOVERY SPECIALISTS, INC.
- 2. The name and address of the registered agent and office is: JOSEPH S. TAYLOR, 2330 SE 52<sup>nd</sup> Street, Ocala, FL, 34480.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

PRESIDENT

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