

P08000044105

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

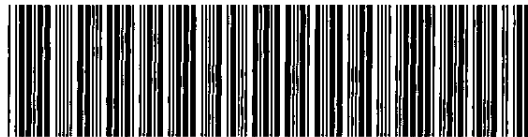
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY - 1 PM 4:28

2544  
W08-20046

5/1/08

**COVER LETTER**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**08 MAY -1 PM 4:28**

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

**SUBJECT: SLOAN'S 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: MICHAEL SLOAN**

Name (Printed or typed)

**4101 46TH AVE NORTH**

Address

**ST. PETERSBURG, FL. 33714**

City, State & Zip

**727-288-7588**

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -1 PM 4:28

April 21, 2008

MICHAEL SCOTT SLOAN  
4101 46TH AVE NORTH  
ST. PETERSBURG, FL 33714

SUBJECT: MSS INC.  
Ref. Number: W08000020046

We have received your document for MSS INC. and your check(s) totaling \$78.75. 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 508A00023795

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -1 PM 4:28

**ARTICLE I NAME**

The name of the corporation shall be:

SLOAN'S RECOVERY INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4101 46TH AVE NORTH  
ST. PETERSBURG, FL. 33714

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
COURIER SERVICE

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MICHAEL SLOAN  
4101 46TH AVE NORTH  
ST. PETERSBURG, FL. 33714

**ARTICLE VI REGISTERED AGENT**

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

MICHAEL SLOAN  
4101 46TH AVE NORTH  
ST. PETERSBURG, FL. 33714

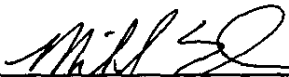
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MICHAEL SLOAN  
4101 46TH AVE NORTH  
ST. PETERSBURG, FL. 33714

\*\*\*\*\*

*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

4-29-08

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature/Incorporator

4-29-08

\_\_\_\_\_  
Date