

P100000033883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

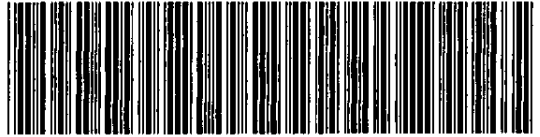
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED APR 19 2010

Office Use Only



200175901812

04/20/10--01025--018 **87.50

APPROVED
AND
FILED
10 APR 19 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NA

COVER LETTER

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

SUBJECT: Certified Professional Recovery Services 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Harry J. Fleming

Name (Printed or typed)

2474 S.E. 13th Ct.

Address

Homestead, Florida 33035

City, State & Zip

305-746-3721

Daytime Telephone number

flemingproaudit@yahoo.com

E-mail address: (to be used for future annual report notification)

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Certified Professional Recovery Services Inc.

10 APR 19 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

2474 S.E. 13th Ct.

Homestead, Florida 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business for profit

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Harry Fleming,
2474 S.E. 13th Ct.
Homestead, Fl.
33035

ARTICLE VI REGISTERED AGENT

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

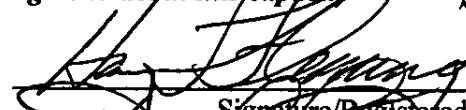
Harry J. Fleming
801 Brickell Ave.
Suite 900
Miami, Fl. 33131

ARTICLE VII INCORPORATOR

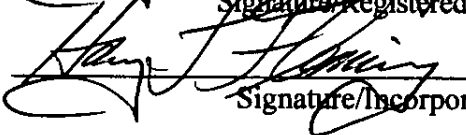
The name and address of the Incorporator is:

Harry J. Fleming
2474 S.E. 13th Ct.
Homestead, Fl. 33035

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



Signature/Incorporator

4/01/2010

Date

4/01/2010

Date