P10000062594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

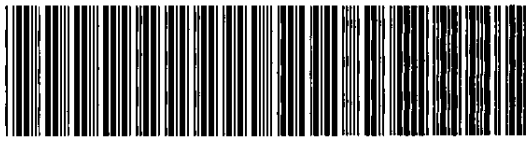
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Protection Chapter 119 F.S.

address listed is the alternate address.

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Total Recovery Enterprise, 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: Connie Prince
Name (Printed or typed)

5475 NW St. James Dr. #205
Address

Port. St. Lucie FL
City, State & Zip

772 464-1393
Daytime Telephone number

TRE3CP@Gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

07-30-10

Hi, my name is Connie Prince, Hi. I am a retired Law Enforcement Deputy and would like to keep my address concealed from the public. I am requesting this process at all times if possible. If and when I change addresses in the future, I am asking for the same consideration. Thank you so much. As always I appreciate your help. The communication and correspondence has been professional and enjoyable. Great experiences. Thank you. God Bless and Keep you, is my earnest prayer. Cordially, Connie Prince
Connie Prince

P.S.

Also, "Consent Resolution" or "Consent action" will be imposed in lieu of holding regular or special meetings, which will be outlined and expressed as such in (TRE) Total Recovery Enterprise, Inc company's By laws.

Thank you,
Connie Prince

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Total Recovery Enterprise, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5475 NW St. James Dr., #205
Port St. Lucie, FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and All Lawful Business

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ARTICLE IV SHARES

The number of shares of stock is:
50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Connie Prince - President
5475 NW St James Dr., #205
Port St. Lucie, FL 34983

ARTICLE VI REGISTERED AGENT

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

Connie Prince
5475 NW St James Dr., #205
Port St. Lucie, FL 34983

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Connie Prince
5475 NW St James Dr., #205
Port St Lucie, Fl 34983

Effective Date: July 25, 2010

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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

Connie Prince
Signature/Registered Agent

07-30-10
Date

Connie Prince
Signature/Incorporator

07-30-10
Date