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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| · · | • | , |
| (Do | cument Number) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only





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COVER LETTER

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

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| SUBJECT: A and S Judgm. (PROPOSED CORPORAT | ent Recovery, Inc |
|--|--|
| (PROPOSED CORPORAT | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the artic | eles of incorporation and a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED |
| FROM: RENÉE AMSTEN | (Printed or typed) |
| 9912 NW 17 ST | REE T ddress |
| CORAL SPRINGS City, S | , FL 33071 State & Zip |
| 954.599-8124 Daytime Te | lephone number |

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

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

JUDGHENT RECOVERY @ live. com

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE 1 NAME The name of the corporation shall be: A and 5 Judgm | ent Recovery, Inc. |
|--|--|
| Principal office Principal street address 5/50 NE 4th Ave AT 129 OAKLAND PARK FL 33334 | Mailing address, if different is: PLANTATION FL 333/8 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Two are contacting civil judgment ownership of their legal judgm judgments on our own behal | t holders to purchase and assum Lents and will enforce those f. |
| ARTICLE IV SHARES The number of shares of stock is: 2 (+wo) | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: JILL SCHROEDER, PRESIDENT Address: 5150 NE 64h AVE APT 129 OPKLAND PARK FL 33334 | TName and Title: PENGE AMSTER VICE Pres Address: 9912 NW 17 STREET CORAL SPRINGS, FL 32071 |
| Name and Title: Address: | Name and Title: Address: |
| Name and Title:Address: | Name and Title: Address: |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: 5150 NE GHA AVE, APT ONLY AND PHOLE FL 3338 | 729 24 9 |
| ARTICLE VII INCORPORATOR | 50 S |
| The name and address of the Incorporator is: Name: Address: Address: RENEE AnyTER CORPL SIRINGS, FL 3307 | - <u>-</u> 1 |
| Having been named as registered agent to accept service of process this certificate, Lam familiar with and accept the appointment as reg | istered agent and agree to act in this capacity |
| | 11/08/10 |
| Required Signature/Registered Agent | Date |
| I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony | |

Required Signature/Incorporator