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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

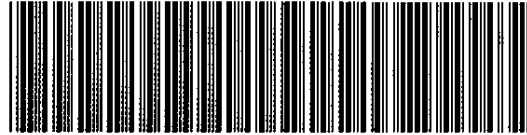
\_\_\_\_\_  
(Business Entity Name)

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

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

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2011 JUN 13 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

SC  
6-13-11

## COVER LETTER

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

**SUBJECT: Sunstate Collateral 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: Gerald G. Prusinski

Name (Printed or typed)

18685 S.W. 51st Lane

Address

Dunnellon, FL 34432

City, State & Zip

386-433-6204

Daytime Telephone number

sunstatecollateralrecovery@mail.com

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

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

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TALLAHASSEE, FL 32314  
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**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: **Sunstate Collateral Recovery, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**18685 S.W. 51st Lane**  
**Dunnellon, FL 34432**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to engage in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: **100 @\$1.00 per share.**

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

Name and Title: **Gerald G. Prusinski, President**  
Address: **18685 S.W. 51st Lane**  
**Dunnellon, FL 34432**

Name and Title: **Kelli S. Barry, Secretary-Treasurer**  
Address: **18685 S.W. 51st Lane**  
**Dunnellon, FL 34432**

Name and Title: **Kelli S. Barry, Vice President**  
Address: **18685 S.W. 51st Lane**  
**Dunnellon, FL 34432**

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 the registered agent is:

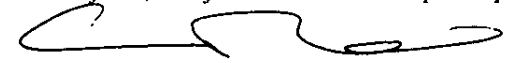
Name: **Gerald G. Prusinski**  
Address: **18685 S.W. 51st Lane**  
**Dunnellon, FL 34432**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Gerald G. Prusinski**  
Address: **18685 S.W. 51st Lane**  
**Dunnellon, FL 34432**

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

**6-10-2011**

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

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

**6-10-2011**

Date

2011 JUN 13 PM 2:30  
TALLAHASSEE, FL 32304  
DEPARTMENT OF STATE