P1100090085

| (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: | | | |
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Office Use Only



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DIVISION OF CORPORATIONS

October 3, 2011

ROBERT A BROWN 4333 EMERALD VIS. DR LAKE WORTH, FL 33461

SUBJECT: FINANCIAL LOST RECOVERY, INC.

Ref. Number: W11000050822

We have received your document for FINANCIAL LOST RECOVERY, INC. and your check(s) totaling \$87.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 711A00022685

COVER LETTER

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

| ANAMARIN AANAAN | SUBJECT: Financial Lost Recovery, Inc. | | | | |
|---|--|------------------|--|--|--|
| (PROPOSED CORPORA) | TE NAME – <u>MUST INCI</u> | LUDE SUFFIX) | | | |
| | | | | | |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | |
| \$70.00 \$78.7 5 | □\$78.75 | 587. 50 | | | |
| Filing Fee Filing Fee | Filing Fee | Filing Fee, | | | |
| & Certificate of Status | & Certified Copy | Certified Copy | | | |
| | ., | & Certificate of | | | |
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| ADDITIONAL COPY REQU | | | | | |
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| | | | | | |
| | | | | | |
| FROM: Robert A. Brown | | | | | |
| Name (Printed or typed) | | | | | |
| 4000 F 1117 D ' | | | | | |
| 4333 Emeraid VIS. Drive Address | | | | | |
| Α | | | | | |
| Α | auross | | | | |
| | adioss . | | | | |
| Lake Worth, FL 33461 | State & Zip | | | | |
| Lake Worth, FL 33461 | | | | | |
| Lake Worth, FL 33461 City, 9 | State & Zip | | | | |
| Lake Worth, FL 33461 City, 9 | | | | | |
| Lake Worth, FL 33461 City, 9 | State & Zip | | | | |
| Name 4333 Emerald Vis. Drive | · · · · · · · · · · · · · · · · · · · | | | | |

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

ARTICLES OF INCORPORATION

| | In compliance with Chapter 607 and/o | or Chapter 621, F.S | S. (Profit) FILEO | |
|---|--|--------------------------|--|--|
| ÂRTICLE I N The name of the corpo | | Inc. | SECRETARY OF STATE DIVISION OF CORPORATIONS | |
| • | RINCIPAL OFFICE | | 11 OCT 13 AMII: 49 | |
| | Principal street address | M | ailing address, if different is: | |
| | 33 Emerald Vis. Drive | SAME | | |
| Lak | te Worth, FL 33461 | | | |
| | URPOSE the the corporation is organized is: ancial lost, and charge backs to cons | sumers credit | cards. | |
| The number of shares ARTICLE V II | NITIAL OFFICERS AND/OR DIRECTORS | | Jaroba Callum Vias President | |
| Address: | 4333 Emerald Vis. Drive Lake Worth, FL 33461 | Address: 4 | larsha Callum, Vice-President 333 Emerald Vis. Drive ake Worth, FL 33461 | |
| Name and Title | | Name and Title: | | |
| Address: | | Address: | | |
| Name and Title Address: | : | Name and Title:_Address: | | |
| | EGISTERED AGENT a street address (P.O. Box NOT acceptable) of the PETER POWELL 4333 EMERALD VIS, DRIVE | he registered agent | is: | |
| • | LAKE WORTH, FL 33461 | | | |
| ARTICLE VII IN | CORPORATOR | | | |
| The name and addre Name: Address: | KoboA A BIDLON 4333 EMERALD VIS DO LOTTO Lake Worth FC | 53461 | | |
| Having been named this certificate, I am f | as registered agent to accept service of process jamiliar with and accept the appointment as registed. | for the above state | ree to act in this capacity | |
| | , | | 09-24-11 | |
| | Required Signature/Registered Agent | | 09 - 24-11 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 Figs by status a third degree felony as provided for in s.817.155, F.S. | | | | |
| | HIII | w province joi ut s | 002 (12 00) 2 1001 | |
| | | | 9-24-11 | |
| | Required Signature/Incorporator | | Date | |