Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION

American Recovery Specialists of Tallahassee Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF SISSE

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

American Recovery Specialists of Tallahassee inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1430 S. Federal Highway #201 Deerfield Beach, FL 33441

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1.500 Shares at No Par Value

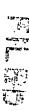
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Harry M. Samuels 2901 Stirling Road Fort Lauderdale, FL 33312

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

SECRETARY OF TALLAHASSEE



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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Ronald M. Keys - President/Director 1430 S. Federal Highway, Deerfield Beach, FL 33441

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ronald M. Keys 1430 S. Federal Highway, Deerfield Beach, FL 33441

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of January

Signature

H12000012814

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: _A	nerican Recovery Specialists of Tallahassee Inc.	
2. The name and address of the registere	d agent and office is:	
	Harry M. Samuels	
	14mue	
	2901 Stirling Road	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Fort Lauderdale, FL 33312	
	(Cfty / State / Zip)	
corporation at the place designated it agent and agree to act in this capacit	nt and to accept service of process for the above stated this certificate, I hereby accept the appointment as registered of I further agree to comply with the provisions of all the statutes of my duties, and um fumiliar with and accept the ad agent. 1 AH 8: 55	
Harry My Samuels Skill ATURY	01/13/2012 (Date)	