

P14000065400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

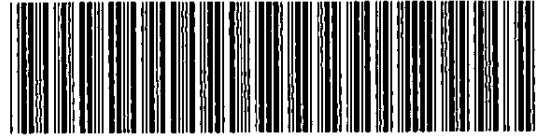
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B. 8/6/14



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DIVISION OF CORPORATION

14 AUG -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

44400000
AND
FILED

COVER LETTER

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

SUBJECT: Diversified Asset Recovery Team Corp
(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: Collin M Abbe IV
Name (Printed or typed)

5415 A CARMACK Rd
Address

Tampa, FL 33610-9356
City, State & Zip

321-332-2000
Daytime Telephone number

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

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

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: Diversified Asset Recovery Team Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5415 CARMACK Rd A

SAME

TAMPA, FL 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Asset recovery, work flow development
And marketing, investment strategies

fe: 471520144

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Colin M ABGITH III - CEO Name and Title: Howard Davis - COO

Address: 5415 CARMACK Rd A Address: 109 Melanice Ln

TAMP, FL 33610 TAMPA, FL 33510

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 AUG +6 PM 1:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Collin M. Abbott
Address: 5415 Carmack Rd A
Tampa, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

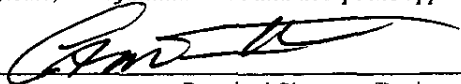
Name: Collin M. Abbott
Address: 5415 Carmack Rd A
Tampa, FL 33610

SECRET
TALLAHASSEE, FLORIDA

14 AUG -6 PM 1:19

APPROVAL
FILED

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

8/5/14
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

8/5/14
Date