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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		 	 	

## FLORIDA PROFIT/NON PROFIT CORPORATION ROADRUNNER RECOVERY INC

Certificate of Status	0		
Certified Copy 1			
Page Count	03		
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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

ROADRUNNER RECOVERY INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
15406 SW 35 TERR
MIAMI FL 33185
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
PRESIDENT:
LUIS A. DIAZ
VICE PRESIDENT:
MARIA SCHEER
· · · · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
MARIA SCHEER
15406 SW 35 TERR
MIAMI FL 33185
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
MARIA SCHEER
15400 SW 35 TERR
MIAM) FL 33185
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## Required Signatures:

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

Registered Agent

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.

Incorporator

5 JAN 13 PM 12