

P15000065891

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## COVER LETTER

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

**SUBJECT:** Merchant Audit Recovery Services, 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:** Novelette Wallace  
Name (Printed or typed)

7771 W. Oakland Park Blvd. Suite 170  
Address

Sunrise, FL 33351  
City, State & Zip

954-870-6066  
Daytime Telephone number

nwallace@auditrecoveryinc.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: Merchant Audit Recovery Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7771 W. Oakland Park Blvd. Suite 170

Sunrise, FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000.00

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

Name and Title: Chief Executive Officer / *Novelle Wallace* Name and Title:

Address 7771 W. Oakland Park Blvd. Suite 170  
Sunrise, FL 33351

Address:

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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: Novelette Wallace  
Address: 7771 W. Oakland Park Blvd. Suite 170  
Sunrise, FL 33351

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Audit Recovery Management Services, Inc.  
Address: 7771 W. Oakland Park Blvd. Suite 170  
Sunrise, FL 33351

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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  
7/28/2015  
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  
Audit Recovery Management Services, Inc.  
7/28/2015  
Date