

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: BRYAN@STODZY.COM

RECEIVED

16 JUL 18 PM 2:26

ALL AMESSE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
RECOVERY MARKETING ASSOCIATES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

JUL 19 2017
S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: RECOVERY MARKETING ASSOCIATES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
6029 OLD COURT RD UNIT 1008BOCA RATON, FL 33433

Mailing address, if different is: _____

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BRYAN SACKSAddress: 6029 OLD COURT RD UNIT 1008BOCA RATON, FL 33433

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: BRYAN SACKS
Address: 6029 OLD COURT RD UNIT 1008
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRYAN SACKS
Address: 6029 OLD COURT RD UNIT 1008
BOCA RATON, FL 33433

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

[Signature]
Required Signature/Registered Agent

7/18/2016
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.

[Signature]
Required Signature/Incorporator

7/18/2016
Date