

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCE RECOVERY, INC.**

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NOV 04 2016

T. SCOTT

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ARTICLES OF INCORPORATION
OF

Advance Recovery, Inc.

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

The name of the corporation shall be:

Advance Recovery, Inc.

ARTICLE II

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

**3510 SW 50th Avenue
Davie, FL 33314**

ARTICLE III

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

**500 shares (five hundred) @
\$ 1.00 (one dollar)**

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**Eva Galouzis
3510 SW 50th Avenue
Davie, FL 33314**

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ARTICLE V INCORPORATOR(S)

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

Eva Galouzis, President
3510 SW 50th Avenue
Davie, FL 33314

The undersigned has (have) executed these Articles of Incorporation this 3rd day of November 2016.

Eva Galouzis

Signature/Title:

President

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CERTIFICATE OF DESIGNATIONREGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Advance Recovery, Inc.
2. The name and address of the registered agent and office is:

Eva Galouzis
3510 SW 60th Avenue
Davie, FL 33314

Signature Eva Galouzis
Title President
Date 10/3/16

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature Eva Galouzis
Date 10/3/16

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