Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number : (305)220-1440

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FLORIDA PROFIT/NON PROFIT CORPORATION TROPHY RECOVERY SERVICE CORP

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE IL PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	8282 NW 645+ MIOMI FL 33166
	7/13/11/76 35/100
•	
<u>RTI</u> (CLE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
<u>C</u> C	irlos Manuel Lam Torres (P)
	\frac{1}{2}
	26
	·
	ICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
ie na	me and Florida street address (PO Box not acceptable) of the registered agent is:
	Carlos manuel cam Torres
	8282 NW (et st migmi FC
- T	33/66
	CLEVI INCORPORATOR: The name and address of the Incorporator in
RTI	The name and address of the incorporator is:
RTI	COCIOS MONUEL 19 TOCK

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

6/11/18

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.

corporator

DIVISION OF COMPORTATE

18 JUN 11 PM 2: 25