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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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.\*\*

Enail Address:
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## FLORIDA PROFIT/NON PROFIT CORPORATION RECOVERY FORCE INC

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help

JULY 5 2019

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
RECOVERY FORCE INC
APTION
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
5720 SW 109th AUE
Mipri Fl 33123
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
MARIA SCHEER (P)
-ARTICLE V INITIAL DECISIONED ACCUS
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Mana Scheer
5720 SW 109 th Ave
= miami F1 33173
A DATE OF THE STATE OF THE STAT
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Maria Scheer
5720 Sw 109th Ave
miami F1 33172

## 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 Plus Page

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.

Masia Solices - 7/12/19
Incorporator Date