

P24000044536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

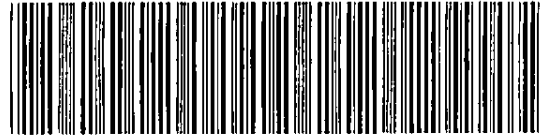
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 7/3

XX CERTIFIED COPY _____

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INC

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CLERK OF STATE
TALLAHASSEE, FL

1. ERECOVER FINANCIAL SERVICES INC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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: ERecover Financial Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9428 Baymeadows Road, Suite 502
Jacksonville, FL 32256

Mailing address, if different is:
9428 Baymeadows Road, Suite 502
Jacksonville, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Research to assist lenders and creditors to identify and
collect assets in judgment cases.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry Gilbeau, President
Address: 5701 Lonetree Boulevard, Suite 303
Rocklin, CA 95765

Name and Title: Terry Gilbeau, Vice President
Address: 5701 Lonetree Boulevard, Suite 303
Rocklin, CA 95765

Name and Title: Terry Gilbeau, Secretary
Address: 5701 Lonetree Boulevard, Suite 303
Rocklin, CA 95765

Name and Title: Terry Gilbeau, Treasurer
Address: 5701 Lonetree Boulevard, Suite 303
Rocklin, CA 95765

Name and Title: Terry Gilbeau, Director
Address: 5701 Lonetree Boulevard, Suite 303
Rocklin, CA 95765

Name and Title: _____
Address: _____

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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: Registered Agents Inc.
Address: 7901 4th St N, Ste. 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Amanda J. Beren
Address: 31416 Agoura Rd., Ste. 118
Westlake Village, CA 91361

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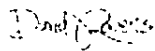
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

07/02/2024

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

07/02/2024

Date