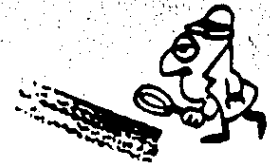




D & E Recovery

P.O. BOX 924435  
HOMESTEAD, FL 33092-4435  
(305) 542-5325  
LIC. R9000044



P95000010186

February 01, 1995

Secretary of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

000001398030  
-02/06/95--01035--006  
\*\*\*\*122.50 \*\*\*\*122.50

Re: D & E RECOVERY SERVICES INC. D.E.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

*Dennis Enders*

Dennis Enders  
D & E RECOVERY

Mailing Address of Corporation

D&E RECOVERY INC.  
PO BOX 924435  
Homestead FL 33092-4435  
(305) 258-4787 Home  
(305) 248-6111 Office (Linda)  
(305) 257-4636 FAX  
(305) 542-5325 Cellar

*5776*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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THE NAME OF THE CORPORATION IS:

D & E RECOVERY INC.

REPOSSESSIONS  
SKIP TRACING

IN GOD



WE TRUST

LICENSED  
INSURED

## ARTICLES OF INCORPORATION

D & E RECOVERY ~~XXXXXXXX~~ INC.

of

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

D & E RECOVERY ~~XXXXXXXX~~ INC.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares ( ) of 1.00 Dollar(s) (\$ ) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Lorinda Enders		
ADDRESS	12505 SW 263rd Ter		
CITY	Homestead	FLORIDA	ZIP 33032

The principal office, if known, or the mailing address of the corporation is:

NAME	D & E RECOVERY <del>XXXXXXXX</del> INC.		
ADDRESS	P O BOX 924435		
CITY	Homestead	FLORIDA	ZIP 33092

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 ( ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Dennis Enders		
ADDRESS	12505 SW 263rd Ter		
CITY	Homestead	STATE FL	ZIP 33032
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

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CLERK OF STATE  
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# **ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Dennis Enders		
ADDRESS	12505 SW 263rd Ter		
CITY	Homestead	STATE	FL ZIP 33032
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 1st day of February, 1995.

Dennis Enders (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
 COUNTY OF \_\_\_\_\_ ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**D & E RECOVERY SERVICES INC.**

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 12505 SW 263rd Ter

Homestead FL 33032

has named Lorinda Enders

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Lorinda Enders

*(registered agent)*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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