

TRANSMITTAL LETTER

Department of  
Director of Corporations  
P.O. Box 837  
Tallahassee, FL 323  
**PA6000020756**

SUBJECT: THE RECOVERY TEAM, INC.  
(Proposed corporate name - must include suffix)

300001428983  
-03/14/95--01081--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: WENDY Y KAHN  
Name (printed or typed)

621 CULPEPPER TERRACE  
Address

DAVIE FL 33325  
City, State & Zip

305-370-7714  
Daytime Telephone number

*KAHN  
3/14/95*  
NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*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 NAME

The name of the corporation shall be:

THE RECOVERY TEAM, INC

### ARTICLE II PRINCIPAL OFFICE

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

621 CULPEPPER TERRACE  
DAVIE, FLORIDA 33325

### ARTICLE III SHARES

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

100 (ONE HUNDRED)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WENGY Y KAHN  
621 CULPEPPER TERRACE  
DAVIE, FL 33325

**ARTICLE V INCORPORATOR(S)**

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

WENDY Y KAHN  
621 CULPEPPER TERR.  
DAVIE FL 33325

RANDALL W KAHN  
621 CULPEPPER TERR  
DAVIE FL 33325

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15<sup>th</sup> day of FEBRUARY, 1995

Mendy G. Kahn  
Signature  
Randall W. Kahn  
Signature  
Signature

**Articles of Incorporation**  
**Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, 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: THE RECOVERY TEAM, INC

2. The name and address of the registered agent and office is:

WENDY Y KAHN  
(Name)  
621 CULPEPPER TERRACE  
(P.O. Box not acceptable)  
DAVIE, FL 33325  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Wendy Kahn  
(Signature)

3-8-95  
(Date)