

P95000048064

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 3:11

AP 6/20/95

.....
REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY RAH _____

WALK-IN
Will Pick Up 6:20 2pm

RE: Total Recovery of
Southern Florida Inc
JUN 20 AM 10:38

DIVISION OF CORPORATION

C.C. FEE. DISBURSED

| | | |
|---|-------|-------|
| <input checked="" type="checkbox"/> Capital Express | _____ | _____ |
| <input type="checkbox"/> Art. of Inc. File | _____ | _____ |
| <input type="checkbox"/> Corp. Record Search | _____ | _____ |
| <input type="checkbox"/> Ltd. Partnership File | _____ | _____ |
| <input type="checkbox"/> Foreign Corp. File | _____ | _____ |
| <input checked="" type="checkbox"/> () Cert. Copy(s) | _____ | _____ |
| <input type="checkbox"/> Art. of Amend. File | _____ | _____ |
| <input type="checkbox"/> Dissolution/Withdrawal | _____ | _____ |
| <input type="checkbox"/> C U S- | _____ | _____ |
| <input type="checkbox"/> Fictitious Name File | _____ | _____ |
| <input type="checkbox"/> Name Reservation | _____ | _____ |
| <input type="checkbox"/> Annual Report/Reinstatement | _____ | _____ |
| <input type="checkbox"/> Reg. Agent Service | _____ | _____ |
| <input type="checkbox"/> Document Filing | _____ | _____ |
| <input type="checkbox"/> Corporate Kit | _____ | _____ |
| <input type="checkbox"/> Vehicle Search | _____ | _____ |
| <input type="checkbox"/> Driving Record | _____ | _____ |
| <input type="checkbox"/> Document Retrieval | _____ | _____ |
| <input type="checkbox"/> UCC 1 or 3 File | _____ | _____ |
| <input type="checkbox"/> UCC 11 Search | _____ | _____ |
| <input type="checkbox"/> UCC 11 Retrieval | _____ | _____ |
| <input type="checkbox"/> File No.'s. Copies | _____ | _____ |
| <input type="checkbox"/> Courier Service | _____ | _____ |
| <input type="checkbox"/> Shipping/Handling | _____ | _____ |
| <input type="checkbox"/> Phone () | _____ | _____ |
| <input type="checkbox"/> Top Priority | _____ | _____ |
| <input type="checkbox"/> Express Mail Prep. | _____ | _____ |
| <input type="checkbox"/> FAX () pgs. | _____ | _____ |
| SUBTOTALS _____ | | _____ |

500001517505
-06/20/95--01016--019
****122.50 ****122.50

| | |
|--------------------------------|----------|
| FEE..... | \$ _____ |
| DISBURSED..... | \$ _____ |
| SURCHARGE..... | \$ _____ |
| TAX on corporate supplies..... | \$ _____ |
| SUBTOTAL..... | \$ _____ |
| PREPAID..... | \$ _____ |
| BALANCE DUE..... | \$ _____ |
| _____ | \$ _____ |

Please remit Invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% pr month on Past Due Amounts
Past, 1 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 PM 3:14

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:

Total Recovery of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5722 S. Flamingo Rd. #274
Cooper City, FL.

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Capital Connection, Inc.
417 E. Virginia St.
Suite 1
Tallahassee, FL 32301

ARTICLE V INCORPORATOR(S)

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

Louis Gustetic / Pres. & Sec.
5722 S. Flamingo Rd. #274
Cooper City, FL 33330

Lisa DiMattina / V.P. & Tres.
5722 S. Flamingo Rd. #274
Cooper City, FL 33330

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

19 day of June, 19 95.

Louis Gustetic Pres.
Signature
Lisa DiMattina V.P.
Signature
Signature

Articles of Incorporation
Filing Fee - \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 20 PM 3:11

**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: Total Recovery of
South Florida, Inc.

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

Capital Connection
(Name)
417 E. Virginia St., Suite 1
(P.O. Box not acceptable)
Tallahassee, FL 32301
(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.

Barbara Neely
(Signature) president

6-20-95
(Date)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

P95000048064

Total Recovery of South
Florida, Inc.

100002274311--5
-08/22/97--01003--007
****350.00 ****87.50

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Name Reservation
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

01 AUG 22 PM 12:50
07 AUG 22 AM 8:51
SECRET
TALLAHASSEE, FLORIDA
DIVISION OF REVENUE

RA 8-22

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

W.C. 8/21 8:30

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capital Connection, Inc.
(Name of registered agent)

hereby resigns as Registered Agent for Total Recovery of South Florida, Inc.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

[Signature]
(Signature of resigning agent)

If signing on behalf of an entity:

Weimar Lopez
(Typed or Printed Name)

Registered Agent Coordinator
(Capacity)

97 AUG 22 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

P95000048064

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(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

FILED
97 SEP 30 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Total Recovery of
South Florida,
Inc.

200002307952--6
-09/30/97--01063--012
*****35.00 *****35.00

| |
|---------|
| 10/1/97 |
| 1004 |
| 1004 |
| 1004 |
| 1004 |
| 1004 |
| 1004 |

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File RA
Foreign Corp. File change
L.C. File _____
Fictitious Name File _____
Name Reservation _____
Merger File _____
Art. of Amend. File _____
☒ RA Acceptance
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

RECEIVED
97 SEP 30 PM 1:14
DIVISION OF CORPORATION

Florida Department of State, Sandra B. Monham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: TOTAL Recovery of SO FLA INC

1b. The mailing address of the corporation is: 5722 S. Flamingo Rd.
#274, Cooper City, FL 33330

1c. Date of incorporation: 6/20/95 Document number: 795000048064

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

AAA

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Capital Connection
1417 E. Virginia St.
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Romy Gustetic Pres 9/24/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

Romy Gustetic Pres
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

9/30/97
(Date)

If signing on behalf of an entity:

Weimar Lopez
(Typed or Printed Name)

Registered Agent Coordinator
(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

FILED
97 SEP 30 PM 2:14
TALLAHASSEE, FLORIDA
FILE