

# P95000069434

## TRANSMITTAL LETTER

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

TELEPHONE 1-800-331-1111  
409/117-0155-011040-0000  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: BNR RECOVERY OF FLORIDA, INC.  
(Proposed corporate name - must include suffix)

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

Additional Copy Required

FROM: James H. Reilly, Vice President  
Name (printed or typed)

1811 NW 88 Way  
Address

Orlando Springs, Florida 32071  
City, State & Zip

305-753-6327  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

7/15  
9-3-95

## **ARTICLES OF INCORPORATION**

### **ARTICLE I**

The name of the corporation shall be: **BNR RECOVERY OF FLORIDA, INC**

### **ARTICLE II**

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

**BUSINESS: 11532 Royal Palm Blvd. Coral Springs, Florida 33065**

**MAILING: 1811 NW 88th Way Coral Springs, Florida 33071**

### **ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 900,000 shares.

### **ARTICLE IV**

The name and address of the initial registered agent is:

**Benjamin E. Poitevent  
3491-11 Thomasville Road S-204  
Tallahassee, Florida 32308**

## **ARTICLE V**

**The names and addresses of the Incorporators to these Articles of Incorporation are:**

<b>President</b>	<b>Robert E. Moneck 3475 Brokenwood Dr. Coral Springs, Florida 33065</b>
<b>Vico President Secretary</b>	<b>James J. Reilly 1811 NW 88 Way Coral Springs, Florida 33071</b>
<b>Treasurer</b>	<b>Gary C. Brandt 2816 North 46th Avenue Hollywood, Florida 33021</b>

**The purpose of the corporation shall be to conduct all business as deemed necessary by the Board of Directors in the pursuit of the recovery of State, Local Government, including City and County; Corporate and Personal Property as may be requested by any person or persons; State Agency, Private or Public.**

**The corporation shall also conduct business in any area of business outside the "Recovery Agency", as deemed necessary and appropriate by the Board of Directors of the Corporation.**

**All decisions involving the corporation shall be made by the Board of Directors.**

**Each officer of the corporation shall have one vote in any decision making process.**

**Each of the three initial, principal officers of the corporation shall own equally, all the stock of the Corporation equally.**

**Non of the Officers of the Corporation shall be held Personally for any of the liabilities of the corporation.**

**All Officers of the corporation shall be notified in writing, a minimum of 90 days, of any intent of any of the Officers to transfer his shares of the corporation to any individual or entity.**

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

*See Attached.*

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

5 day of September, 19 95.

*Robert E. Monack*  
Signature

*John C. [unclear]*  
Signature

*William [unclear]*  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

P.M.R. Agency of Florida, Inc.

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

Benjamin E. Poitvent, Esq.  
(NAME)

3491-11 Thomasville Rd. S-204  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, Florida 32308  
(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.*

x   
(SIGNATURE)

9/8/95  
(DATE)