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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: CONTINENTAL STAMP & SEAL
8744 SW 133 STREET
MIAMI, FL 33176-5929000
CONTACT: KATHERYN DELFINO
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(((H96000003731))) DOCUMENT TYPE: FLORIDA CORPORATION OR P.A.
NAME:PREMIER RECOVERY SERVICES, INC.

FAX AUDIT NUMBER: H96000001617
DATE REQUESTED: 02-02-96
CERTIFIED COPIES: 0
NUMBER OF PAGES: 3
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CURRENT STATUS: REQUESTED
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CERTIFICATE OF STATUS: 1
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96 MAR 15 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

3/15/96

96 MAR 15 PM 1:32

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ARTICLES OF INCOPORATION

OF

Premier Recovery Services, Inc.

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.

FILED
96 MAR 15 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Premier Recovery Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14770 SW 77 Street
Miami, FL, 33193

ARTICLE III CAPITAL STOCK

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 ADDRESS

The name and address of initial registered agent is:

Lisa C. Ramos
15146 SW 127th Ct.
Miami, FL. 33186

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KATHERYN DELFINO
CONTINENTAL STAMP & SEAL
8744 S. W. 133 STREET
MIAMI, FLORIDA 33176 - 5929
(305) 232 2228

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ARTICLE V INCORPORATOR(S)

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

Jacqueline Sanchez
14770 SW 77 street
Miami, FL. 33193

Lisa C. Ramos
15146 SW 127th Ct.
Miami, FL. 33186

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

13 day of March, 19 96.

Lisa C. Ramos
Signature/Title

Jacqueline Sanchez
Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Premier Recovery Services, Inc.

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

Lisa C. Ramos
(NAME)

15146 SW 127th Ct
((P.O. BOX NOT ACCEPTABLE)

Miami, FL. 33186
(CITY/STATE/ZIP)

96 MAR 15 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE Lisa C. Ramos
(corporate officer)

TITLE

DATE 3-13-96

HAVING BEEN NAME 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 TO OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Lisa C Ramos

DATE 3-13-96