P967000735158

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

SUBJECT: LOSS RECOVERY, INC.				e r	
	roposed corporate name - must include suffix)		4 1.€ ~03	- 400001747794 -03/18/9601114015 *****78.75 *****78.75	
Enclosed is an original for : \$70.00 Filling Fee	and one (1) co X \$78.75 Filing Fee & Certificate	py of the articles of i \$122.50 Filing Fee & Certified Copy	#131.25 Filing Fee, Certified Copy & Certificate	d a check	
FROM:	Barry E. Dickson, C.P.A. Name (printed or typed)			55 TE	
	121 Palai	fox Place, Suite	: C	6	
		Address		PH 12: 03	
	Pensacola	a, FL 32501		2:0	
		City, State & Zip	-	EFF 3	
	(904) 43	8-2122			
	Daytime Telephone number				

MAR 2 1 1996 BSR

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

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ARTICLES OF INCORPORATION MAR 18 PH 12: 03

TALLAHASSEE, PLORIDA

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 1 NAME

The name of the corporation shall be:

LOSS RECOVERY, INC.

ARTICLE II PRINCIPAL OFFICE

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

226 E. Government Street Pensacola, FL 32501

ARTICLE III SHARES

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

Seven Thousand Five Hundred (7,500)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

Barry E. Dickson 121 Palafox Place, Suite C Pensacola, FL 32501

ARTICLE Y INCORPORATOR(S)

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

Barry Silber 226 E. Government Street Pensacola, FL 32501

Gary Paullén 226 E. Government Street Pensacola, FL 32501

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

13th day of March 19 96 .

Signature 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: LOSS RECOVERY, INC.
2. The name and address of the registered agent and office is:
Barry E. Dickson
(Name)
121 Palafox Place, Suite C
(P.O. Box not acceptable)
Pensacola, FL 32501
(City/State/Zip)
Having been named as registered agent and to accept service of process for the
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
the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete perfor-
mance of my duties, and I am familiar with and accept the obligations of my position
as registered agent.
(f)