TRANSMITTAL LETTER

December 4, 1996

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

Subject:

FRANCHISE RECOVERY SYSTEMS, INC.

(Proposed corporate name - must include suffix)

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

Filling Fee & Certify ite - \$78.75

FROM:

FROM:

FROM:

FRANCHIS* PROOFURING IPMS, INC. 441 SOUTH AL ATE , " #" 176-19 MARGATE, FL 33065

300002023903--1 -12/10/96--01002--019 *****78.75 *****78.75

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

12.11.96

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Ployida

The undersigned incorporation Act. hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

FRANCHISE RECOVERY SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

FRANCHISE RECOVERY SYSTEMS, INC. 441 SOUTH STATE RD. #7, SUITE 19 MARGATE, FL 33068

ARTICLE III SHARES

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

ONE THOUSAND SHARES OF COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HEATHER SUMMERS FRANCHISE RECOVERY SYSTEMS, INC. 441 SOUTH STATE RD. #7, SUITE 19 MARGATE, FL 33068

ARTICLE V INCORPORATOR(S)

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

HEATHER SUMMERS FRANCHISE RECOVERY SYSTEMS, INC. 441 SOUTH STATE RD. #7, SUITE 19 MARGATE, FL 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 4TH day of DECEMBER, 1996.

Hoche M. James

95 DEC -9 AH II: IL SECRETARY OF STATE TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

I, HEATHER SUMMERS, being the designated registered agent in the above Articles of Incorporation, hereby acknowledge that I am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Signature

Articles of Incorporation Filing Fee - \$35



DEBIT MEMORANDUM

000114

960009

NUMBER

TO: DEPARTMENT OF STATE

STATE OF FLORIDA OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

* FUND	AMOUNT	REASON RETURNED	KEY #	**		*
* GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*		*
* TRUST	591.25		2	*	2	*
* OTHER	•	UNCOLLECTED FUNDS	3	*		*
* TOTAL	591.25	OTHER ********	4	*	*****	* **

CROSS	DISTRIBUTION			
REF	SAMAS CODE	REASON	AMOUNT	
	45-20-2-130001-45300000-00-000100-00	A	58.75	•
12	45-20-2-130001-45300000-00-000100-00	·- 1	78.75	
12	45-20-2-130,01-45300000-00-000100-00		78.75	
12	45-20-2-130001-45300000-00-000100-00	1	375.00	

GRAND TOTAL:

591 25

72204-2

Process Date: 12/19/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 7, 1997

VTC Testing Systems, Inc. 5701 NW Pine Island Rd., No. 240 Tamarac, FL 33321

SUBJECT: FRANCHISE RECOVERY SYSTEMS, INC.

Ref. Number: P96000099930

Debit Memo #: 72204-D

This is to inform you that your check #1177 dated December 4, 1996 in the amount of \$78.75 and submitted for FRANCHISE RECOVERY SYSTEMS, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$93.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant I Division of Corporations

vision of Corporations Letter number: 097A00000759

cc:Franchise Recovery Systems, Inc. 441 South State Rd., #7, Suite 19 Margate, Fl. 33068



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 10, 1997

VTC Testing Systems, Inc. 5701 NW Pine Island Rd., No. 240 Tamarac, FL 33321

SUBJECT: FRANCHISE RECOVERY SYSTEMS, INC.

Ref. Number: P96000099930

Debit Memo #: 72204-D

Due to your failure to respond to our previous letter advising you of the returned check #1177, the Articles of Incorporation for FRANCHISE RECOVERY SYSTEMS, INC. have been cancelled and are considered not filed as of February 10, 1997.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Letter number: 597A00006957

Sincerely Melinda Lilliston Administrative Assistant I Division of Corporations

cc:Franchise Recovery Systems, Inc. 441 S. State Rd., #7, Suite 19 Margate, Florida 33068