P96000/00 953 Charter Number Cnly VALIDATION

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CORPORATION(S) NAME

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CR2E031 (R8-85)

Acknowledgment

W.P. Verifier

ARTICALS OF INCORPORATION

FILED 96 DEC 13 PH 3: 53

The undersinged incorporator(s), for the purpose of forming a corporation hider the FLORIDA Florida Busness Corporation Act, herby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation Mhall be: MILLIKEN ASSET RECOVERY SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

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

179 Rivera Avenue Royal Palm Beach, Fl 33411

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5,000

ARTICLE IV INTIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the intial registered agent is:

Robert S. Milliken 179 Rivera Avenue Royal Palm Beach. FL 33411

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):

Robert S. Milliken 179 Rivera Avenue Royal Palm Beach, FL 33411

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 12-th day of DECEMBER . 19 96.
(An additional article must be added of an effective date is requested.) Robert S. Milliken Signature
Signature

Notorization is not required

Signature

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

FILEB

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 96 DEC 13 PH 3: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW OF THE STATE OF FLORIDA, SUBMIT THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is <u>MI</u>	LLIKEN ASSET RECOVERY
	YSTEMS PUC
2. The name and address of the registered	agent and office is:
ROBERT S, MIL	LIKEN
	(Name)
179 Rivera Avenu	c
(P.O. Box or N	fail Drop Box NOT ACCEPTABLE)
<u>Royal Palm Beach,</u>	FL. 33411 (CITY/STATE/ZIP)
the place designated in this certificate, I he act in this capacity. I further agree to com and complete performance of my duties, as registered agent.	o accept service of process for the above stated corporation at creby accept the appointment as registered agent and agree to ply with the provisions of all statutes relating to the proper and I am familiar with and accept the obligation of my position
ROBERT'S. MILLIKEN (SIGNATURE)	(DATÉ)