100000 4588 01-10-97 02:02PM

TRANSMITTAL LETTER

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

ALLSTATE RECOVERY SERVICES, Inc.

(Proposed corporate name - must include suffix)

400002061924~-9 -01/17/97--01061--019 ****122.50 ****122.50

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

2\$122.50

Filing Fee

□ \$131.25 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

SANTA JSABEL WRIGHT Name (Printed or typed)

15405 S.W. 102NDRD

MIAMI, FL 33157

(305) 255-5434 or (305) 843-2193 Bps.

Daytime Telephone number

ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

AUSTATE RECOVERY SERVICES, Inc

ARTICLE II PRINCIPAL OFFICE

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

15405 SW 10200 RD MIAMI, FL 33157

ARTICLE III SHARES

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

100 (One hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SANTA ISABEL WRIGHT 15405 SW 102nD RD MIAMI, FL 33157

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):

SANTA ISABEL WRIGHT 15405 SW 10200 RD MIAMI, FL 33157

The undersigned inc	orporator(s) has(have) executed these Articles of Incorporation this
<u>14</u> day of	JANUARY .19 97.
(An additional article	must be added if an effective date is requested.)
	Santa D. Wright
	Signature
	Signature
	Cionatuna

Notarization is not required

NOTE: Afficing an affice piete after a cloudy un of an incorporation date and

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	ALLSTATE RECOV	ERY SERVICES, In
2.	The name and address of the regi	stered agent and office is:	
	SANT	A ISABEL WRIGHT	97 J
	15405 (P.O.	SW 102 nd Road Box or Mail Drop Box NOT ACCEPTABLE)	ALLAHASSEE,
	Miam	(CITY/STATE/ZIP)	M 11: 46

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.

South P. Wright 1/14/97
(SIGNATURE)