

P9700019161

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

300002088973--6  
-02/17/97--01030--006  
\*\*\*122.50 \*\*\*122.50

SUBJECT: PRO-RECOVERY BUREAU, INC.  
(Proposed corporate name - must include suffix)

FILED  
97 FEB 26 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

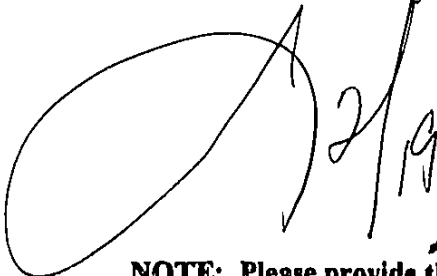
ADDITIONAL COPY REQUIRED

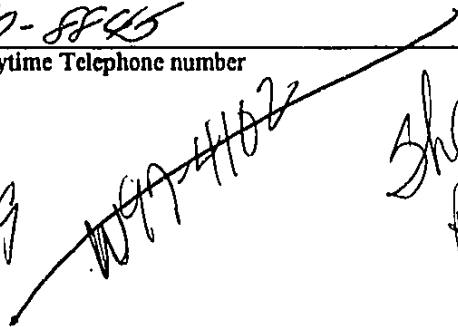
FROM: ARISTIDES M. ECHEVARRIA JR.  
Name (Printed or typed)

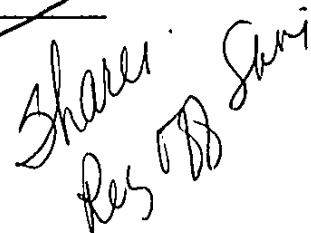
14748 S.W. MILLER DRIVE #102.  
Address

KENDALL, FLA. 33185.  
City, State & Zip

305-380-8845  
Daytime Telephone number







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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 19, 1997

ARISTIDES M. ECHEVARRIA, JR.  
14748 S.W. MILLER DRIVE  
#102  
KENDALL, FL 33185

SUBJECT: PRO-RECOVERY BUREAU, INC.  
Ref. Number: W97000004102

We have received your document for PRO-RECOVERY BUREAU, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 597A00008951

## 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:

*PRO. RECOVERY BUREAU, INC.*

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TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

*14748 S.W. MILLER DRIVE, SUITE 102  
KENDALL, FLA. 33185.*

### ARTICLE III SHARES

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

*2*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*ARISTIDES M. ECHEVARRIA JR.*

*14748 S.W. Miller Drive, suite 102  
Kendall, Fla. 33185.*

**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):

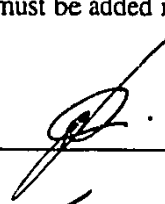
ARISTIDES M. ECHEVARRIA JR.  
1529 LINCOLN ROAD.  
MIAMI BEACH, FLA. 33139.

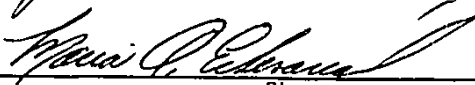
MARIA A. ECHEVARRIA  
1529 - LINCOLN ROAD.  
MIAMI BEACH, FLA. 33139.

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

6th day of January, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

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

**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: PAO. RECOVERY BUREAU, INC.
2. The name and address of the registered agent and office is:

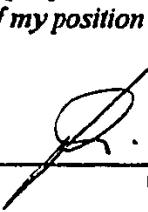
ARISTIDES M. ECHEVARRIA JR.  
(NAME)

14748 S.W. MILLER DRIVE #102  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

KENDALL, FLA. 33185.  
(CITY/STATE/ZIP)

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97 FEB 26 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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.*

  
(SIGNATURE)

1-6-97.  
(DATE)