

P97000027038

TRANSMITTAL LETTER

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Florida State Recovery Inc.
(Proposed corporate name - must include suffix)

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: Shane Harris
Name (Printed or typed)

6365 Windmere rd.
Address

Brooksville FL 34602
City, State & Zip

(352) 799-7860
Daytime Telephone number

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

MAR 26 1997

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

Florida State Recovery Inc.

ARTICLE II PRINCIPAL OFFICE

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

6368 Windmere rd.
Brooksville FL
34602

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Shane Harris
6368 Windmere rd.
Brooksville FL
34602

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)

Shane Harris
6368 Windmere Rd.
Brooksville FL
34602

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

18th day of March, 19 97

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

Shane Harris

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 Florida State Recovery Inc.

2 The name and address of the registered agent and office is:

Shane Harris
(NAME)

6365 Windmere rd.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Brocksville Florida 34602
(CITY/STATE/ZIP)

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.

Shane Harris
(SIGNATURE)

3/15/97
(DATE)