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ACCOUNT NO. : 072100000032

REFERENCE : 437475 11301A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 23, 1997

ORDER TIME : 10:05 AM

ORDER NO. : 437475-005

CUSTOMER NO: 11301A

CUSTOMER: Cort A. Neimark, Esq
NEIMARK GREENE & NADEL, P.A.

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-06/23/97--01037--022
*****70.00 *****70.00

Suite 602
800 Corporate Drive
Ft. Lauderdale, FL 33334

DOMESTIC FILING

NAME: CREDITORS RECOVERY GROUP
PARTNERS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Stscherban

EXAMINER'S INITIALS: _____

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-23-1997 BY 1043

57 JUN 23 1997

84 JUN 23 1997

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ARTICLES OF INCORPORATION

OF

CREDITORS RECOVERY GROUP PARTNERS, INC.

I, the undersigned, a natural person competent to contract, do hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

ARTICLE I
NAME OF CORPORATION

The name of this Corporation shall be:

CREDITORS RECOVERY GROUP PARTNERS, INC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE III
CAPITAL STOCK

The total authorized capital stock of this Corporation is 1,000 shares of Common Stock, no par value.

ARTICLE IV
TERM OF EXISTENCE

The Corporation shall exist perpetually.

ARTICLE V
ADDRESS OF PRINCIPAL OFFICE IN THIS STATE

The initial street address of the principal office of this Corporation in the State of Florida is 8301 Waccamaw Lane East, Lake Worth, FL 33467. The Board of Directors may from time to time move the principal office to another address in Florida.

ARTICLE VI
NUMBER OF DIRECTORS

This Corporation shall have not less than one (1) Director.

ARTICLE VII
INCORPORATOR

The name and street address of the Incorporator of these articles is:

ANTHONY COSCIA
8301 Waccamaw Lane East
Lake Worth, FL 33467

ARTICLE VIII
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 800 Corporate Drive, Ste. 602, Ft. Lauderdale, FL 33334, and the name of the initial registered agent of the Corporation at that address is CORT A. NEIMARK.

ARTICLE IX
COMMENCEMENT OF CORPORATE EXISTENCE

Pursuant to Section 607.0203, Florida Statutes, this Corporation shall commence its corporate existence upon filing.

Anthony Coscia
ANTHONY COSCIA, INCORPORATOR

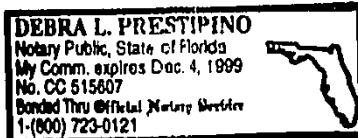
STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Anthony Coscia, to me known to be the person described as incorporator in and who executed the foregoing Articles of Incorporation and who swore and acknowledged that he executed the foregoing Articles of Incorporation for the purposes therein set forth.

WITNESS my hand
and official seal.

Debra Prestipino
Notary Public

Debra Prestipino
Print, stamp or type as commissioned



- ☒ Personally known to me, or
☐ Produced Identification:

(type of identification)

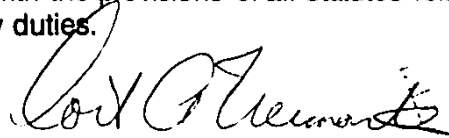
CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 48.091 and 607.0501, Florida Statutes, the following is submitted:

That CREDITORS RECOVERY GROUP PARTNERS, INC., desiring to organize under the laws of the State of Florida, with its Registered Office as indicated in the Articles of Incorporation at 800 Corporate Drive, Ste. 602, Ft. Lauderdale, FL 33334, and CORT A. NEIMARK, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named to accept service of process for the above-stated corporation at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

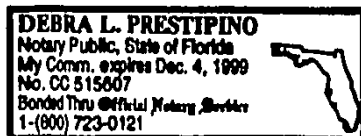

CORT A. NEIMARK, REGISTERED AGENT

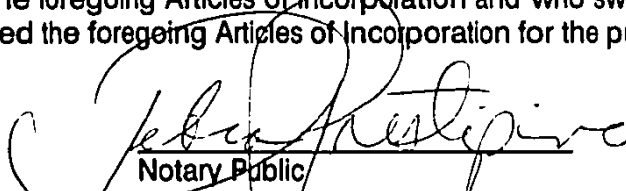
STATE OF FLORIDA

COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared CORT A. NEIMARK, to me known to be the person described as Registered Agent in and who executed the foregoing Articles of Incorporation and who swore and acknowledged that he executed the foregoing Articles of Incorporation for the purposes therein set forth.

WITNESS my hand
and official seal.




Notary Public
DEBRA L. PRESTIPINO

Print, stamp or type as commissioned

☒ Personally known to me, or

☐ Produced Identification:

(type of identification)