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TRANSMITTAL LETTER

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

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-08/15/97--01001--012
****131.25 ****131.25

SUBJECT: Month End 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: Jennifer Anne Weiss
Name (Printed or typed)

202 S. Westland
Address

Tampa, FL 33606
City, State & Zip

352-750-9228
Daytime Telephone number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 AUG 14 PM 3:38

97 AUG 14 PM 3:34

RECEIVED

8-14-97

WS

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

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:

Month End Recovery, Inc.

ARTICLE II PRINCIPAL OFFICE

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

202 South Westland
Tampa, Fla. 33606

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jennifer Weiss
202 South Westland
Tampa, Fla. 33606

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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):

Jennifer Anne Weiss, President
202 S. Westland, Tampa, Fla. 33606

Kayton Bryan Kimberly
202 S. Westland, Tampa, Fla. 33606

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

_____ day of _____, 19_____.

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

Jennifer Anne Weiss, President
Signature

Kayton B. Kimberly, Vice President
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 Month End Recovery, Inc

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

Jennifer Anne Weiss
(NAME)

202 South Westland
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, Florida 33606
(CITY/STATE/ZIP)

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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.

Jennifer Anne Weiss
(SIGNATURE)

6/19/97
(DATE)