

P97000094015

TRANSMITTAL LETTER

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

SUBJECT: Brothers Recovery, Inc.
(Proposed corporate name must include suffix)

500002335075--9
-10/31/97-01060--011
****131.25 ****131.25

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: David LaDrew
Name (Printed or typed)

205 Riverwalk Dr.
Address

Melbourne Beach, Fl. 3295
City, State & Zip

407-952-9421 or 407-952-2000
Daytime Telephone number

FILED
97 OCT 31 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6/12/01
10/31/97

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1 -

NAME OF CORPORATION SHALL BE: BRÖTHERS RECOVERY, INC.

ARTICLE 2-

THE PRINCIPLE PLACE OF BUSSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE : 205 RIVERWALK DR.
MELBOURNE BEACH, FL. 32951

ARTICLE 3-

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME:
100 COMMON STOCK SHARES.

ARTICLE 4-

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT :
DAVID LADREW, 205 RIVERWALK DR. , MELBOURNE BEACH,
FLORIDA, 32951

ATRICLE 5-

THE INCORPORATORS TO THESE ARTICLES OF INCORPORATION ARE :

DAVID LADREW
205 RIVERWALK DR.
MELBOURNE BEACH, FL.
32951

WILLIAM B. LADREW
5601 NE 16TH AVE
FT. LAUDERDALE, FL.


INCORPORATOR

DATE

10/20/97


INCORPORATOR

DATE

10/20/97

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 THR 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.


REGISTERED AGENT

DATE

10/20/97

FILED
97 OCT 31 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA