P9700094710

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

400002337504--7 -11/04/97--01049--004 *****78.75 *****78.75

SUBJECT: GULLOTTA'S 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: RICHARD A. GULLOTTA

Name (Printed or typed)

Address

ENGLEWOOD FLORIDA 34224

City, State & Zip

(941) 475-9944

Daytime Telephone number

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

ne 11/5/97

FILED

ARTICLES OF INCORPORATION

97 NOV -4 AM 9: 20

The undersigned incorporator, for the purpose of forming a corporate Business Corporation Act, hereby adopts the following Articles of Inc.	tion under the Florida SEULZ FALL OF STATE CORPORATION. TALLAHASSEE, FLORIDA
ARTICLE I NAME The name of the corporation shall be: GULLOTTA'S	RECOVERY, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corp 6506 SAN CASA DR. ENGLEWOOD, FLORIDA 34224	poration shall be:
ARTICLE III SHARES The number of shares of stock that this corporation is authorized 100	ed to have outstanding at any one time is:
The name and Florida street address of the initial registered age RICHARD A. GULLOTTA 2693 PORTIA ROAD ENGLEWOOD, FLORIDA 34224 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of	ent are:
RICHARD A. GULLOTTA 2693 PORTIA ROAD ENGLEWOOD, FLORIDA 34224	JUDITH C. GREEN 7090 PARNEUL TERRACE ENGLE WOOD, FL 34224
X Richardle Justian Signature/Incorporator X Judith C. Green	11/3/97 Date 11/3/97
(An additional article must be added if a	an effective date is requested.)
Having been named as registered agent and to accept service of process for certificate, I hereby accept the appointment as registered agent and agree provisions of all statutes relating to the proper and complete performs obligations of my position as registered agent	e to act in this capacity. I further agree to comply with the