## 7980000 42283

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

500002515206--1 -05/07/98--01061--015 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: BUREAU OF RECOVERY AND INVESTIGATIONS, CO
(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

Filing Fee & Certificate

□\$122.50

₲ \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

from: SHON ARAD

Name (Printed or typed)

318 Indian

race X 19

Weston F.L

City State & Zin

City, State & Zip

Daytime Telephone number

BECRETARY OF STATE

APPROVE

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME The name of the comparties shall be	STATE	1:15
The name of the corporation shall be:	<b>S</b>	
BUTEAU OF RECOVERY and Investigations, co		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this corporation shall be:		
318 Indian Trace suite 191		
weston F.L 33326		
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstanding at any one	time is	:
\$\times 1000 Staves. With avalue of \$100 per stoc.	く、	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS		
The name and Florida street address of the initial registered agent are:		
5How ARAN 318 InDian Trace Soit 191.		
ueston F.L 33326		
ARTICLE V INCORPORATOR		
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:		
SHOW ARAD	6	
Ston ARAI) 318 InDian Trace Sut 191 weston Fil 3332	~	

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

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

Signature/Registered Agent

Signature/Incorporator

Date

Date