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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: OPTIMA RECOVERY	SERVICES proprate name - must include			
£				
Enclosed is an original and one(1) copy of the articles	s of incorporation and a cl	1000025; -05/13/9 *****78, heck for :	301093001	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
	ADDITIONAL COI	PY REQUIRED		
FROM: Harold N. O. Kwuasaba Name (Printed or typed)				
1900 Vineland Lane. Address				
Tallahassee, FL 32311 City, State & Zip 850-921-6799 Daytime Telephone number				
850-921- Daytime Te	679 9 elephone number	13 m		

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



FILED
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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

The hame of the corporation shall be.
Optima Recovery Services, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
19N/ Vin Lad Lago /P.O. Box 6485
1900 Vineland Lane /P.O. BOX 6485 Tallahassee, FL 32311 / Tallahassee, FL 32314
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
One
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
LeJune Crump, 1410 Eleanore Drive
Tallahassee, FL 32301
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Noved N. Okuciasaba
1900 Vineland Lane
Tallahassee, FL 32311
5/12/98
Signature/Incorporator Date

(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

Date