0000 70136

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

SUBJECT: Bree	alethrough (Proposed corp	Recovery Sorate name - must include su	ervices, T	<u>n</u> c.
		4	00002610 -08/07/980 *****78.75	
Enclosed is an original a	nd one(1) copy of the articl	es 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 CO	PY REQUIRED	
FROM:	Enrico LAM Name (1) 2341 SE 277 OKechobee F City A41-467-2	56 34974 , State & Zip	TALLAHASSEE, FLORIDA	FILED .
	programme and the	F CHESS	題 AUG 1 2 1998	8

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

AUG 1 2 1998

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 corporation shall be:

Breakthrough Recovery Services

PRINCIPAL OFFICE

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

1925 Hwy 441 SE OKechober, FL 34974

SHARES ARTICLE III

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

700 100 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Enrico Lamberti 2341 SE 27+58+. Olerchobeo, FL 34974

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Enrico Lambert 2347 SE 27th St. Okuchobu, FL 34974

(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