TRANSMITTAL LETTER

P98000083099

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

700002648187--2 -09/24/98--01067--012 ****122.50 ****122.50

SUBJECT: MARS, MAJOR ASSET RECOVERY SERVICES, IN C. (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

□ \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: EAVAN KELLY
Name (Printed or tyr

3684 GATLIN PLACE CURCLE

ORLANDO FL 32812.

407 - 855 - 7703

Daytime Telephone number

FILED
98 SEP 24 AM 9: 07
SECRETARY OF STATE
TAIL AHASSEF FI OPEN

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.

ARTICL	EI	NAME

The name of the corporation shall be:

MARS, MOJOR ASSET RECOVERY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

3684 GATLIN PLACE CIRCLE ORLANDO, FL 32812

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

EAVAN

EAVAN KELLY 3684 GATLIN PLACE CLRCLE OLLANDO. FL 32812

ARTICLE V INCORPORATOR

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

3684 GATLIN PLACE CIRCLE

Signature/Incorporator

(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