

TRANSMITTAL LETTER

799000014939

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

SUBJECT: Independent Recovery Services, INC.
(Proposed corporate name - must include suffix)

400002776994--8
-02216/99--01059--001
*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LINDA BOLAND
Independent Recovery Services, Inc.
Name (Printed or typed)

8049 Arlington Expressway Ste. 1
Address

Jacksonville, FL. 32211
City, State & Zip

(904) 722-8000
Daytime Telephone number

RECEIVED

99 FEB 16 AM 11:55

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 FEB 16 PM 12:04

FILED

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

T. SMITH FEB 16 1999

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:

Independent Recovery Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8049 Arlington Expressway Ste. 1
Jacksonville, FL 32211

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gregory K. Fuentes 8049 Arlington Expressway Ste. 1
Jacksonville, FL 32211

ARTICLE V INCORPORATOR

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

LINDA Boland 1918 Forest Blvd.
Jacksonville, FL 32246

Linda Boland
Signature/Incorporator

2/16/99
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.

Gregory K. Fuentes
Signature/Registered Agent

2/16/99
Date

FILED
99 FEB 16 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA