

TRANSMITTAL LETTER

P99000017514

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

SUBJECT: Asset Improvement and Recovery Corporation
(Proposed corporate name - must include suffix)

6000002783436--9
-02/22/99--01122--016
*****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: John S. Ledford
Name (Printed or typed)

1279 Seagrave Circle
Address

Weston FL 33326
City, State & Zip

(954) 384-1668
Daytime Telephone number

99 FEB 22 AM 9:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P. SHOCK FEB 24 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purposes 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:

Asset Improvement and Recovery Corporation

ARTICLE II PRINCIPAL OFFICE

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

**1279 Seagrape Circle
Weston FL 33326**

ARTICLE III SHARES

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

One Hundred (100) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**John S Ledford
1279 Seagrape Circle
Weston FL 33326**

ARTICLE V INCORPORATOR

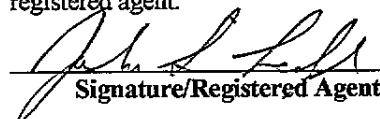
The name and address of the incorporator to these Articles of Incorporation are:

**John S Ledford
1279 Seagrape Circle
Weston FL 33326**


Signature/Incorporator

Feb 18, 1999
Date

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

Feb 18, 1999
Date

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TALLAHASSEE, FLORIDA