

P99000045838

TRANSMITTAL LETTER

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

SUBJECT: U.S. Fugitive Recovery Agency, Inc.
(Proposed corporate name - must include suffix)

Investigations

700002877927--3
-05/18/99--01006--014
*****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: TORI BEARD
Name (Printed or typed)

3936 S. Semoran Blvd Suite 288
Address

Orlando, FL 32822
City, State & Zip

(407) 381-9126
Daytime Telephone number

FILED
1999 MAY 17 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MAY 20 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:

U.S. Fugitive Recovery Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3936 S. Semoran Blvd., Suite 288
Orlando, FL 32822

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Tori Beard
6037 Amberly Ct.
Orlando, FL 32822

ARTICLE V INCORPORATOR

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

Tori Beard
3936 S. Semoran Blvd., Suite 288
Orlando, FL 32822

Tori Beard

Signature/Incorporator

5/13/99

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

Tori Beard

Signature/Registered Agent

5/13/99

Date

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TALLAHASSEE, FLORIDA