

TRANSMITTAL LETTER
P990000053930

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

800002901478--6
-06/11/99--01023--016
*****78.75 *****78.75

SUBJECT: RECOVERY SOLUTIONS INC.
(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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: LACHAN R. KNOWLES
Name (Printed or typed)

3412 JAMAIS WOOD WAY
Address

TAMPA FL 33618
City, State & Zip

(813) 968-2874
Daytime Telephone number

EFFECTIVE DATE
7-1-99

FILED
99 JUN 11 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3
T BROWN JUN 14 1999

EFFECTIVE DATE

7-1-99

ARTICLES OF INCORPORATION
OF
RECOVERY SOLUTIONS INC.

FILED
99 JUN 11 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME: The name of the corporation shall be RECOVERY SOLUTIONS INC.

ARTICLE II - PRINCIPAL OFFICE: The principal place of business and mailing address of this corporation shall be 3412 JAMAIS WOOD WAY, TAMPA FL 33618.

ARTICLE III - SHARES: The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares and shall have a par value of one dollar (\$1.00) per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS: The name and Florida street address of the initial registered agent is: LACHAN R. KNOWLES, 3412 JAMAIS WOOD WAY, TAMPA FL 33618.

ARTICLE V - INCORPORATOR: The name and address of the incorporator to these Articles of Incorporation is:

LACHAN R. KNOWLES
3412 JAMAIS WOOD WAY
TAMPA FL 33618

Lachan R. Knowles
SIGNATURE/INCORPORATOR

6/9/99
DATE

ARTICLE VI - EFFECTIVE DATE: The corporation shall have an effective date of JULY 1, 1999.

STATE OF Florida
COUNTY OF Hernando

Before me, personally appeared **LACHAN R. KNOWLES**, who acknowledged to and before me that she executed the foregoing instrument for the purpose therein expressed.

Witness my hand and seal, this 9th day of June, 1999.



Patricia A. Cornett
MY COMMISSION # CC735115 EXPIRES
April 25, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

Patricia A. Cornett
NOTARY PUBLIC, STATE OF Florida

Personally Known ✓

Produced Identification _____

STATEMENT OF ACCEPTANCE AS REGISTERED AGENT

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.

Lachan R. Knowles
SIGNATURE/REGISTERED AGENT

6/9/99
DATE