

99000053930  
TRANSMITTAL LETTER

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

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

**EFFECTIVE DATE**  
7-1-99

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

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

  
**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