	TRANSM	TTAI LETTER	SHCAN SHCAN	- ≥
Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions		TARY OF STATE ASSEE, FLORIDA	
SUBJECT:	TILYN Reco	VERY SETVICE brate name - must include suf		
		21 	000029184 -06/29/99010 ****128.75 *	924 43021 ****78.75
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a c	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	
		ADDITIONAL CO	Status PY REQUIRED	
FROM:	LINDA SMI	tinted or typed)		·· · -
		d 13 TACKSOU	1111ef132259	-
	TACKSOU City,	ille PC. 32259 State & Zip		0 7 2
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128.75	904) 287 Daytime Te	- 1345 elephone number	9 FN 12	E VED

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

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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.

The name of the corporation shall be: TILYN RECOVERY SERVICE, INC

ARTICLE II PRINCIPAL OFFICE

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

STATE ROAD 13 JACKSONVILLE FL- 32259

ARTICLE III SHARES

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

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

AL FRANKLIN

174 STATE Pd 13 JACKSONVILLE FL 32259

ARTICLE V **INCORPORATOR**

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

Smith

AQUIL

74 STATE Rd 13 JACKSONVILLE F1.32259

Signature/Incorporator

(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

Signature/Registered Agent