# P9900068/45

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

SUBJECT:	Ra	pid Recovery, (Propos	Inc. sed corporat	e name - must include suff	īx)	•		
				10	1000294168 -07/26/990113 *****78.75 **	3 <b>1</b> ——4 9—003 ***78.75		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:								
	\$70.00 ing Fee	\$18.75 Filing Fee & Certificate of Star		□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: Southwest Professional Services of Fort Myers, Inc. Name (Printed or typed)								
		13611 Mcgrego	r Blvd		40 99	-		

Address

City, State & Zip

Daytime Telephone number

Fort Myers, Fl 33919

941-481-4444

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



## ARTICLES OF INCORPORATION The undersigned incorporator, for the purpose of forming a corporation under the Floriday Pusiness Corporation Act, hereby adopts the following Articles of Incorporation. TALLATARY 08:08 Rapid Recovery, Inc. PRINCIPAL OFFICE

## ARTICLE II

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

P.O. Box 08190 Fort Myers, Fl. 33908

### ARTICLE III SHARES

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

1000 Shares

### INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Southwest Professional Services of Fort Myers, Inc. 13611 McGregor Blvd. #3 Fort Myers, Fl. 33919

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Mike Holahan P.O. Box 08190 Fort Myers, Fl..33908

Signature/Incorporator	Data
nike/Jolaha	7/10/99_

(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 ovisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the

novisions of an statutes retained to the proper and complete performance	o oj my umico, ana z am jamen	o man una accept m
obligations of my position as registered agent Southwest Professional Services, Inc.		
Southwest Professional Services, Inc.		-
Jahren Golder	7/10/99	
S produces / S S S S S S S S S S S S S S S S S S		, xm.
Signature/Registered Agent	Date	
Patricia Goldberg, President		X