TRANSMITTAL LETTER

PA 900 10408 Department of State

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

SUBJECT: RECove	ry INC		
(Proposed corp	orate name - must include su	ıffix)	
	or	00003056069—-3	
	ىلالىب. -	-11/29/9901153025 *****87.50 *****87.50	
Enclosed is an original and one(1) copy of the article	es of incorporation and a	check for:	
S70.00 S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO	PY REQUIRED	
FROM: Betty Venne (P	campbel (chindel or typed)		
305 meadore	Cue Address		
Boylon Reach F1. 33463 City, State & Zip Selly CAMpbell GAVE Daytime Telephone number Daytime Telephone number			
Sely CAMpbell Stel 963 1913 City, State & Zip Selly CAMpbell GAVE Daytime Telephone number			
ART. 11		IDA 16	
3E 12/2/99			
NOTE: Please provide the ent	ainal and an area		
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 Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE	1	NAME

The name of the corporation shall be:

Refund Recovery, INC.

39/0/20 PM 11:36

PRINCIPAL OFFICE

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

305 meadow Cir

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Philip J. Campbell 300 meadow CTR

ARTICLE V INCORPORATOR

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

Detay Venne Campbell Boyton Beach Fl. 33A63

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

Somobull Signature/Registered Agent