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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

BARROWS, MANNING AND WILSON, INC.

Certificate of Status	0
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09/05/03

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

BARROWS, MANNING AND WILSON, INC.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**9550 REGENCY SQUARE BLVD #807
JACKSONVILLE, FLORIDA 32225****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSUMER CREDIT AND DEBT COLLECTION**ARTICLE IV SHARES**

The number of shares of stock is:

TEN (10)**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**DEBRA BARROWS, President
9550 REGENCY SQUARE BLVD #807
JACKSONVILLE, Florida 32225****ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

**CLYDE COLLINS, JR., 233 E. 1ST STREET #920
JACKSONVILLE, Florida 32202-3456****ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

**DEBRA BARROWS, President
9550 REGENCY SQUARE BLVD #807 JACKSONVILLE FLA 32225**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

CLYDE COLLINS, JR.

Signature/Incorporator

DEBRA BARROWS

Date

9/2/03

Date

9/3/03

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