

P04000022658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

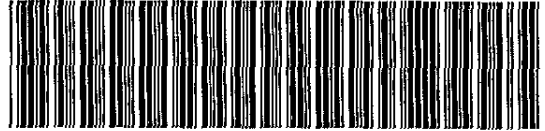
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800025897058

01/02/04--01015--012 **87.50

cc-cu

~~01/02/03 01030 012 **87.50~~

CLERK OF SUPERIOR COURT
HALLAMSBURG, SOUTH CAROLINA

04 FEB -4 AM 10:39

FILED

W0442141
JPC/1/12



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 15, 2004

ANATOL CORZGUK
10230 NW 11TH LANE
GAINESVILLE, FL 32606

SUBJECT: XL REINSURANCE OF AMERICA INC.
Ref. Number: W04000002141

We have received your document for XL REINSURANCE OF AMERICA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

You failed to make the correction(s) requested in our previous letter.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 404A00002946

TRANSMITTAL LETTER

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

SUBJECT: Crescent Global Services WLL Co
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Elvira Gundy
Name (Printed or typed)

10230 NW 11th Lane
Address

Gainesville, FL 32606
City, State & Zip

352-331-4014
Daytime Telephone number

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

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:
Crescent Global Services WLL Co

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
10230 NW 11th Lane
Gainesville, FL 32606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Investments, acquisition, consulting, money management, crediting, funding, IPOs, strategic reorganization

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Elvira Gundy, Vice President
10230 NW 11th Lane
Gainesville, FL 32606

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Elvira Gundy
10230 NW 11th Lane
Gainesville, FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Elvira Gundy
10230 NW 11th Lane
Gainesville, FL 32606

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

Elvira Gundy

Signature/Registered Agent

01/29/04

Date

Elvira Gundy

Signature/Incorporator

01/29/04

Date

FILED
04 FEB -4 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA