

PO4000057873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

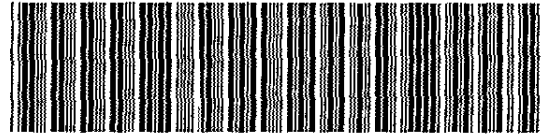
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/17/04--01047--012 \*\*78.75

04 APR -5 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**TRANSMITTAL LETTER**

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

**SUBJECT:** 2nd Chance Credit Solutions, Inc.  
**(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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Jennifer Rodriguez  
Name (Printed or typed)

19370 Collins Ave #424  
Address

Sunny Isles Beach, FL 33160  
City, State & Zip

305-300-2893  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 22, 2004

JENNIFER RODRIGUEZ  
19370 COLLINS AVE #424  
SUNNY ISLES BCH, FL 33160

SUBJECT: 2ND CHANCE CREDIT SOLUTIONS, INC.  
Ref. Number: W04000011409

We have received your document for 2ND CHANCE CREDIT SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 904A00018699

**ARTICLES OF INCORPORATION**

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

FILED  
04 APR -5 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
2nd Chance Credit Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
19370 Collins Ave #424  
Sunny Isles Beach, FL 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
General Consumer Consulting

**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):  
Carlos Rodriguez - 19370 Collins Ave #424, Sunny Isles Beach, FL 33160 - CEO / President  
Jennifer Rodriguez - 19370 Collins Ave #424, Sunny Isles Beach, FL 33160 - Vice President / Secretary

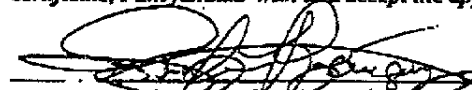
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
Jennifer Rodriguez - 19370 Collins Ave #424, Sunny Isles Beach, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Jennifer Rodriguez - 19370 Collins Ave #424, Sunny Isles Beach, FL 33160

\*\*\*\*\*  
*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

4/4/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/4/04  
\_\_\_\_\_  
Date