

POL000102374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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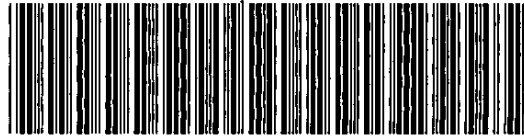
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Da

**COVER LETTER**

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

SUBJECT: Credit Doctor of Miami 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:

Aileen Mora

Name (Printed or typed)

6480 SW 4TH Street

Address

Miami, Florida 33144

City, State & Zip

305-609-6934

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:

CREDIT Doctor of Miami Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

6480 SW 4TH St Miami, Fl. 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful activity permitted by the laws of this state.

**ARTICLE IV SHARES**

The number of shares of stock is:

\$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Aileen Mora - Director - 6480 SW 4TH St. Miami, Fl. 33144  
Miguel Gonzalez - 6480 SW 4TH St. Miami, Fl. 33144

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Aileen Mora  
6480 SW 4TH St. Miami, Fl. 33144

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Aileen Mora  
6480 SW 4TH St.  
Miami, Fl. 33144

\*\*\*\*\*  
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

Aileen Mora  
Signature/Registered Agent

Aileen Mora  
Signature/Incorporator

7/27/06  
Date

7/27/06  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA