

PO8090012801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

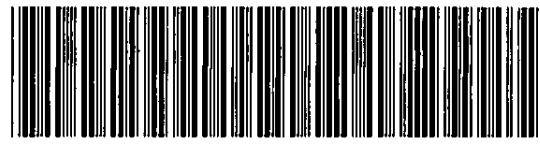
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

58-5-2 DM

COVER LETTER

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

SUBJECT: AAA DEBT CONSOLIDATION COMPANY 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

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

FROM: DANA MICALLEF
Name (Printed or typed)

120 SHAMROCK ROAD
Address

SAINT AUGUSTINE, FLORIDA 32086
City, State & Zip

386-447-0407
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:

AAA DEBT CONSOLIDATION COMPANY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2465 US HWY 1 SO SUITE 82
SAINT AUGUSTINE, FLORIDA 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING AND ADVERTISING FOR DEBT CONSOLIDATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DANA MICALLEF
120 SHAMROCK ROAD
SAINT AUGUSTINE, FLORIDA 32086

PRESIDENT/SECRETARY-TREASURER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

ELSA APTE
4475 US HWY 1 SOUTH STE 506C
SAINT AUGUSTINE, FLORIDA 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DANA MICALLEF
120 SHAMROCK ROAD
SAINT AUGUSTINE, FLORIDA 32086

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

01\30\2008

Date



Signature/Incorporator

01\30\2008

Date