# F01000002930

#### TRANSMITTAL LETTER

Division of Co						
SUBJECT:	DEBT	Sownons	S INC.			
<del></del>			must include suffix	:)		
Dear Sir or Madam:						
The enclosed "Applica" (Certificate of Existent to transact business in	ce", and check are su	oration for Auth bmitted to regis	ter the above refere	enced foreign	corporation	
Please return all corres		g this matter to the	he fol 30000 -05***	<b>04271:</b> 5/18/010 ****78.75	9135 1116001 *****78.75	<del></del>
		(Name of Pers		<u> </u>		¥ 1 4.42.
	DEST	SOLUTION	•	2	lm l 812	
		(Firm/Compar		<u>u</u>	101-11813	
	POB	X 1600	6			
		(Address)		<u> </u>		
	TAMPA	, FL 33	3687		, ,	
		City/State and Z	3687 Lip code)			
For further information		ter, please call:				
2INA L. 2 (Name of Person	at at		598-2358		<u></u>	
(Name of Perso	м)	(Area Code	& Daytime Teleph	ione Number		-·
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	ıs	Reg Div P.O	gistration Section vision of Corporation D. Box 6327 lahassee, FL 3231	ons	- M 2 13	
Enclosed is a check for	the following amour		miassee, FL 3231	<del></del>	unt	-
□ \$70.00 Filing Fee	\$78.75 Filing F Certificate of S	ee & 🗆 \$78. Status Cer	.75 Filing Fee & tified Copy	☐ \$87.50 F Certific Certifie	Filing Fee, atte of Status &	



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 24, 2001

ZINA L ZUK PO BOX 16006 TAMPA, FL 33687

SUBJECT: DEBT SOLUTIONS INC.

Ref. Number: W01000011813

We have received your document for DEBT 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):

A post office box is not an acceptable address for the registered agent.

Please return 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) 487-6097.

Michael Mays Document Specialist

Letter Number: 001A00031949

O1 JUN -1 M 2 IC

#### ACTION OF THE BOARD OF DIRECTORS OF DEBT SOLUTIONS INC., a Delaware Corporation

May 10, 2001

The undersigned, constituting all of the members of the Board of Directors of this Company, do hereby adopt the following resolution effective this date:

**RESOLVED**, that the Company hereby adopts, as an adopted name under which it is hereby authorized to do business, the name:

#### NATIONAL DEBT SOLUTIONS INC.

and hereby expressly authorizes and directs this Company to take the necessary steps to register that adopted name and to do business thereunder in the state of Florida.

Dated as of the date set forth above.

ZIVA L. ZUK, SOLE DIRECTOR

O1 JUN -1 AN 2:13
SECULIATE OF STATE
TAILORD FOR STATE

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1		DEBT	Salu	ZNOIT	TNIC							
words	or abbrev	ration; mus viations of l	t include the ike import in	word "INCOR	PORATEI	D", "COM indicate th	PANY", "CORPO	ORATION on instead	of a		<del></del> -	
2	D	ELAW A	RE		i 3.							
(State	or count	ry under the	law of which	it is incorpor	ated)		(FEI numbe	r, if applic	able)		<u>****</u>	
4.												
	(Dat	e of incorp	oration)		<u> </u>	(Duration	ERPETUAS E: Year corp. will	cease to ex	cist or "p	erpetua	<u>l")</u>	
6	U	fon c	<i>QUALIFI</i>	CATION								
(Date fi			(SEE	SECTIONS 6	607.1501, <del>6</del>	507.1502	business in Florida and 817.155, F.S.)	a, insert "u	pon qual	ificatio	n.")	
7	Po	Box	16006	TAM	ea, F	٠ 3	3687	-				·
				(Principal of	fice addres	ss)		. ,,	T s	0,	_ ·	
	Po	BOX	16006	, TAM	PA, F	L 33	3687					
				(Current mai	ling addres	ss)			;		-η	
										1	[ maran	_
8	In	FRENET	SAL	<u> </u>			carried out in state	··	<u> </u>		[1]	: <u>*=</u> :
(.	Purpose(	s) of corpor	ation authoria	ed in home st	ate or coun	itry to be	carried out in state	of Florida	ı) <u>-</u>	£ 55	+_1_	
9. Name	and str	eet addres	ss of Florida	registered	agent: (F	P.O. Box	or Mail Drop Bo	ox <u>NOT</u> a	cceptab	ب، (le		-
N	ľame:	ZINA	L. 2	JΚ				12	IN A	L.	ZUK.	
Office Ad	ldress:	POB	юX 16с	06 (N	(A)		ida 33687 (Zip code)	50	95 N.	E. BA	Y STR	EET 07
		TAMP	' <del>A</del>			Flor	ida 33687	ST.	PETE	es Bu	RG, F	ز
	•		(City)			, 1 101	(Zip code)	-/			33	3003
l0. Regis Having bo lesignate further ag	stered a een nam d in this gree to c	gent's acc ed as regi application omply with	eptance: stered agen on, I hereby h the provis	t and to acce accept the a ions of all st	pt service ppointme atutes reli	of proce nt as reg ative to t	ess for the above istered agent an he proper and c	stated co d agree to	rporatio o act in	on at ti this co	he place	0
mues, un	u i um j	umiller W	un una acce	pi ine obliga	uons of n	ny positi	on as registered	agent.				
		(	2 in	~ L	)							
	_		(\)	(Registered as	zent's sign:	ature)		. d'			-	217,5

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

*	•				
12. Names and business addresses of officers and	l/or directors:*				
A. DIRECTORS					
Chairman: ZINA L. ZUK			F	·	<u></u>
Address: PO BOX 16006					
TAMPA, FL 33687					
Vice Chairman: SAME					
Address:		- ,		· · · · · · · · · · · · · · · · · · ·	
					±·
Director: SAnk		· · · · · · · · · · · · · · · · · · ·			
Address:	_ <del>.</del>	<u> </u>		<u>:</u>	<del>-</del> -
Director: SAme	·	<u> </u>			·
Address:					
B. OFFICERS	•				
President: 2:NA L. Zun	· .			·	· · · · · · · · · · · · · · · · · · ·
Address: PO Box 16006	· 		<u></u>		
MM1A, FL 33687	!		<u> </u>	-	
Vice President: SAME			53	· <u>· · - </u>	Te
Address:			Mr. Exem	E' skame	
		<u> </u>	7 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	i i i	
Secretary: Some			- N	· Cumar	·
Address:		·	<u> </u>		
Treasurer: SAME				17 1	<del></del>
Address:		73			
MORES YO					
NOTE: If necessary, you may attach an addendum to	the application listing ad	ditional officers an	d/or directors	•	
13. Signature of Chairman, Vice Chairm	an, or any officer listed in	number 12 of the	application)	· · · · · · · · · · · · · · · · · · ·	·
	IRMAN	- ALL OF MIC	-Philon)	·	:
(Typed or printed name and c	· · · · · · · · · · · · · · · · · · ·	application)		<u></u>	

## State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEBT SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2001.

FILED 01 JW -1 M 2: 13



Harriet Smith Windsor, Secretary of State

3383889 8300

010226557

AUTHENTICATION: 1127787

DATE: 05-10-01