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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

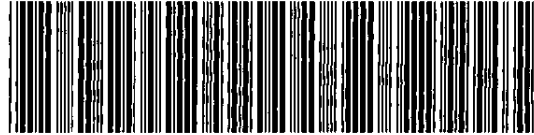
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W09-8842



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DIVISION OF CORPORATION  
2009 APR 20 AM 11:58

4/23/09

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DIVISION OF CORPORATIONS

**COVER LETTER**

2009 APR 20 AM 11:58

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CFW Credit Repair Services, Corp  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Charles F. White  
(Name of Person)

CFW Credit Repair Services Corp  
(Firm/Company)

701 GATES AVE STE 4E  
(Address)

Brooklyn, New York 11221  
(City/State and Zip code)

For further information concerning this matter, please call:

Charles F. White at (718) 484-1449  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



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09 APR 20 PM 4: 50

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2009

CHARLES F. WHITE  
701 GATES AVENUE  
SUITE 4E  
BROOKLYN, NY 11221

SUBJECT: C F W CREDIT REPAIR SERVICES CORP  
Ref. Number: W09000008842

We have received your document for C F W CREDIT REPAIR SERVICES CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain both the street address of the principal office and the mailing address of the entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 909A00006492

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F. L. B.  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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. CFW CREDIT REPAIR SERVICE CORP  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CFW CREDIT SERVICE CORP  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 25<sup>th</sup> 2008 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 701 GATES AVE STE 4E  
(Principal office address)  
BROOKLYN, NEW YORK 11221  
(Current mailing address)

8. Collection, Home Care, College Tours  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Andrew Moore

Office Address: 100 BriarCreek Circle  
Daytona Beach, Florida 32114  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Andrew Moore  
(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: CHARLES F. White

Address: 701 GATES AVE STE 4E  
BROOKLYN, NY 11221

Vice Chairman: BEULAH EVANS-White

Address: 701 GATES AVE STE 4E  
BROOKLYN NY 11221

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Charles F White

Address: 701 GATES AVE STE 4E  
BROOKLYN NY 11221

Vice President: BEULAH EVANS-White

Address: 701 GATES AVE STE 4E

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Charles F White

(Signature of Director or Officer listed in number 12 of the application)

14. Charles F White

(Typed or printed name and capacity of person signing application)

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of C.F.W CREDIT REPAIR SERVICE CORP was filed on 02/25/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 25th day of March two  
thousand and nine.*



*Special Deputy Secretary of State*

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DIVISION OF CORPORATE AFFAIRS  
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