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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

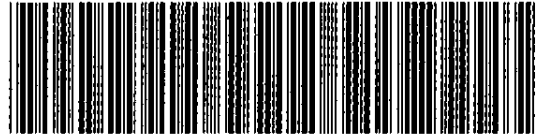
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Consumer Debt Advocates
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Steve Jacob, CPA
Name of Person
Firm/Company
6550 N. Federal Highway
Suite 210
Address
Ft. Lauderdale, FL 33308
City/State and Zip Code
guardianangeltrust@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Jacob at (954) 492-0088
Name of Person Area Code & Daytime Telephone Number

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- [X] \$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

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

- 1. American Consumer Debt Advocates, A not for Profit Corporation
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
- 2. District of Columbia, USA 3. 27-1333288
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. 12/7/2009 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. Not open yet.
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
- 7. 6550 N. Federal Hwy Ste 210 Ft. Lauderdale FL 33308
(Principal office address)
6550 N. Federal Hwy Ste 210 Ft. Lauderdale, FL 33308
(Current mailing address)
- 8. Educate Consumers
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Steve Jacobs

Office Address: 6550 N. Federal Hwy Ste 210

Ft. Lauderdale FL 33308, Florida 33308
(City) (Zip Code)

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TALLAHASSEE, FLORIDA
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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.

[Signature]
(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.

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

A. DIRECTORS

Chairman: Michael Sullivan

Address: _____

Vice Chairman: Zayle Bernstein

Address: _____

Director: Tom Carroll

Address: _____

Director: Josh Hughes

Address: _____

B. OFFICERS

President: Michael Sullivan

Address: 6550 N. Federal Hwy, Ste. 210 Ft. Lauderdale, FL 33308

Vice President: Zayle Bernstein

Address: 707 SE 3rd Avenue, 3rd Floor, Ft. Lauderdale FL 33316

Secretary: Tom Carroll

Address: 101 N. Riverside Drive, Ste 214 Pompano Beach, FL 33062

Treasurer: Steve Jacobs

Address: 6550 N. Federal Hwy, Ste 210, Ft. Lauderdale FL 33308

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

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Sullivan
(Typed or printed name and capacity of person signing application)

(See attached)

The corporation's first Board of Directors shall be comprised of a minimum of seven natural persons\directors as follows:

Michael D. Sullivan – 6550 North Federal Highway, Ste 210, Fort Lauderdale, Fl. 33308

Steven Jacob - 6550 North Federal Highway, Ste 210, Fort Lauderdale, Fl. 33308

Zayle A. Bernstein – 707 SE 3rd Avenue, 3rd Floor, Fort Lauderdale, FL 33316

Tom Carroll – 101 N. Riverside Dr., Ste 214, Pompano Beach, FL 33062

Josh Hughes - 101 N. Riverside Dr., Ste 214, Pompano Beach, FL 33062

Marc Hughes - 101 N. Riverside Dr., Ste 214, Pompano Beach, FL 33062

Joseph Lora - 101 N. Riverside Dr., Ste 214, Pompano Beach, FL 33062

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

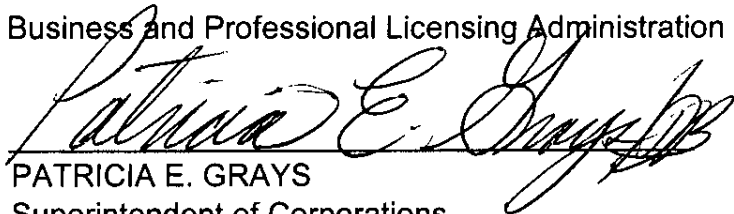
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia NonProfit Corporation Act have been complied with and accordingly, this **CERTIFICATE OF INCORPORATION** is hereby issued to:

AMERICAN CONSUMER DEBT ADVOCATES

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the **7th** day of **December, 2009**.

LINDA K. ARGO
Director

Business and Professional Licensing Administration

A handwritten signature in cursive script, appearing to read "Patricia E. Grays", written over a horizontal line.

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Adrian M. Fenty
Mayor