

F14000001266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FOR
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APR 04 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STUDENT LOAN Repairman INC
Name of Corporation

DOCUMENT NUMBER: F 14000001266

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANNY DAYAN

Name of Contact Person

STUDENT LOAN Repairman INC
Firm/Company

1239 W. Madison 2nd Floor
Address

CHICAGO IL 60607
City/State and Zip Code

DANNY@SLREPAIRMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Dayan at (312) 671 4567
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- ☒ \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
STUDENT LOAN REPAIRMAN, INC
2. This entity was authorized to transact business in Florida on 3/21/14 and its Florida document number is F 14000001266
3. This corporation was formed under the laws of DE
4. The name and address of each officer and/or director is as follows:

Title:
President

Name and Address

Danny Dayan
1139 Longmeadow Lane
Glencoe IL 60022

(Attach additional pages if necessary)

Signature of an officer or director

DANNY DAYAN

Typed or printed name of person signing

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314