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PICK-UP WAIT MAIL
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IALLAHASSEE, FLORIDA SÉCRETARY OF STÁTE

OCT 21 2016 S. YOUNG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 340211 4309487	
AUTHORIZATION :	
COST LIMIT : (\$\70.00	
ORDER DATE: October 20, 2016 ORDER TIME: 3:02 PM	TO.
ORDER NO. : 340211-010	
CUSTOMER NO: 4309487	ARY O
FOREIGN FILINGS	1 0 : 09 1 1 1 1 1 1 1 1 1
NAME: INDEPENDENT DEBT RELIEF, INC.	
XXXX QUALIFICATION (TYPE: CO)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Melissa Zender EXT# 62956	

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Independent Debt Relief, Inc.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Kathy Sacheli	
Name of F	
Day Pitney LLP	oany S
Firm/Comp	pany
One Canterbury Green	, , , , , , , , , , , , , , , , , , ,
Addre	pro e stope —
Stamford, CT 06901	d Zin code
City/State an	d Zip code
ICohen@sndebtsolutions.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	all:
Kathy Sacheli at (203) 977-7308
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration 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 & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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.

	Corporation Service Company M. ———————————————————————————————————	Melissa Z Asst. Vice P		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept servic s application, I hereby accept the appointm comply with the provisions of all statutes re familiar with and accept the obligations of	ent as registered agent and agree to act in Plative to the proper and complete perforn	n this capacity	
	(City)	(Zip code)		
	Tallahassee	32301 , Florida		
Office Address:	1201 Hays Street			
Name:	Corporation Service Company	<u></u>		
8. Name and street	et address of Florida registered agent: (P.O		0.00	
	(Current mailing	g address, if different)	: :: :::::::::::::::::::::::::::::::::	
(Principal office address)		20		
7, 85 Sam Fonzo D	rive, Beverly, MA 01915		8 5	<u>-</u> :0
<u> </u>	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)		7 (0
6.	e of incorporation)	(Date of duration, if other than perpet	uai)	
4. September 8, 20	5. of incorporation)	(Date of duration, if other than perpet		
	ry under the law of which it is incorporated)	(FEI number, if applicable)	 	
(If name unavail 2. Delaware	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business i	n Florida)	
(Enter name of c	corporation; must include "INCORPORATED," Corp., "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: _____ Address: Director: Itzik Cohen and William Kwiatek Address: 85 Sam Fonzo Drive, Beverly, MA 01915 Director: Tony M. Ettinger and Nael Karim Kassar Address: 400 Madison Avenue, New York, NY 10017 **B. OFFICERS** President: and Secretary - Itzik Cohen Address: 85 Sam Fonzo Drive, Beverly, MA 01915 Vice President: Address: Secretary: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Strik Cohen Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Itzik Cohen, President

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INDEPENDENT DEBT RELIEF, 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 TWENTIETH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDEPENDENT DEBT OF RELIEF, INC." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES THAT THE ANNUAL FRANCHISE TAXES THAT THE ANNUAL FRANCHISE TAXES TO DATE.

WEGRETARY OF STATES



Authentication: 203195542

Date: 10-20-16

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