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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

VALIDATION
→

SUBJECT: LAWYERS CREDIT CLINIC, INC.
(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:

MICHAEL RYSNER
(Name of Person)
LAWYERS CREDIT CLINIC, INC.
(Firm/Company)
2805 E. OAKLAND PARK BLVD., UNIT #139
(Address)
FT. LAUDERDALE, FL 33306
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

MICHAEL RYSNER at (305) 568-5383.
(Name of Person) Area Code & Daytime Telephone Number

WR
1/27

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

LAWYERS CREDIT CLINIC, INC.
2805 E. OAKLAND PARK BLVD., #139
FT. LAUDERDALE, FL 33306

(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

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*****18.75 *****18.75

OFFICE USE ONLY

W95-715

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | | AMENDMENTS | |
|--------------------------|-------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Profit | <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | NonProfit | <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Limited Liability | <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Domestication | <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | Merger |

| OTHER FILINGS | | REGISTRATION/ QUALIFICATION | |
|--------------------------|------------------|--------------------------------|---------------------|
| <input type="checkbox"/> | Annual Report | <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Fictitious Name | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Name Reservation | <input type="checkbox"/> | Reinstatement |
| | | <input type="checkbox"/> | Trademark |
| | | <input type="checkbox"/> | Other |

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 11, 1995

MICHAEL RYSNER
LAWYERS CREDIT CLINIC, INC.
2805 E. OAKLAND PARK BLVD, UNIT 139
FT. LAUDERDALE, FL 33306

SUBJECT: LAWYERS CREDIT CLINIC, INC.
Ref. Number: W95000000715

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

We have received your document for LAWYERS CREDIT CLINIC, 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):

Please complete the attached transmittal letter.

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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

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 (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 495A00001219

all requests completed.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

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

INC.

1. LAWYERS CREDIT CLINIC, INCORPORATED
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. NEVADA 3. 88-0328192
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12-12-94 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2-15-95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 2805 E. OAKLAND PARK BLVD, UNIT 139
FT. LAUDERDALE, FL 33306
(Current mailing address)

8. COMPUTER AND RELATED SERVICES FOR LAWYERS
(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:

Name: MICHAEL RYSNER

Office Address: 2805 E. OAKLAND PARK, UNIT 139
FT. LAUDERDALE, Florida, 33306
(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.

x Michael J. Rysner
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: MICHAEL RYSNER

Address: 2805 E. OAKLAND PARK BLVD., #139
FT. LAUDER DALE, FL 33306

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

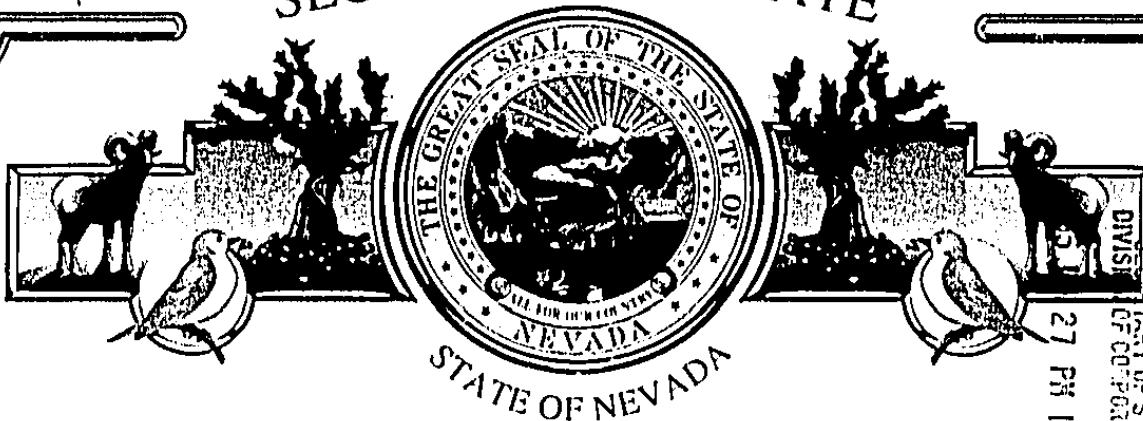
13.

x Michael J. Rysner
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

MICHAEL RYSNER PRESIDENT/SECRETARY
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



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CORPORATE CHARTER

I, CHERYL A. LAU, Secretary of State of the State of Nevada, do hereby certify that **LAWYERS CREDIT CLINIC, INC.** did on the **TWELFTH** day of **DECEMBER, 1994**, file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this TWELFTH day of DECEMBER, 1994.



Cheryl Lau

Secretary of State

By

Beverly J. Haverport

Certification Clerk