

**NO0000407**

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. SOUTH FLORIDA CONSUMER CREDIT  
(Corporation Name) (Document #)

2. COUNSELING CENTER, INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

500003293715--8

06/16/00--01030--026

\*\*\*\*\*78.75 \*\*\*\*\*78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 JUN 16 AM 10:28

RECEIVED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 16, 2000

LAZARUS

MIAMI, FL

SUBJECT: SOUTH FLORIDA CONSUMER CREDIT COUNSELING CENTER,  
INC.  
Ref. Number: W00000015430

We have received your document for SOUTH FLORIDA CONSUMER CREDIT COUNSELING CENTER, INC.. However, the document has not been filed and is being returned for the following:

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return the 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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 800A00034552

RECEIVED  
00 JUN 19 AM 10:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF SOUTH FLORIDA CONSUMER  
CREDIT COUNSELING CENTER, INC.**

**FILED**  
00 JUN 19 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF FLORIDA                     )

COUNTY OF MIAMI-DADE           )

BEFORE ME, the undersigned authority, personally appeared ANA  
CORDERO, who is personally known by me or who has produced \_\_\_\_\_

\_\_\_\_\_ as identification, who, upon first being duly sworn,  
deposes and says:

1. That your affiant is the President and Director of SOUTH FLORIDA  
CONSUMER CREDIT COUNSELING CENTER, INC.

2. That SOUTH FLORIDA CONSUMER CREDIT COUNSELING  
CENTER, INC., has filed this day or previously Articles of Dissolution of the corporation  
with the Secretary of State.

3. That the corporation was the owner of the name SOUTH FLORIDA  
CONSUMER CREDIT COUNSELING CENTER, INC., and releases that name to be used  
by a new corporation with the exact same name which shall be a not for profit corporation.

4. That the new not for profit corporation with the same corporate name,  
SOUTH FLORIDA CONSUMER CREDIT COUNSELING CENTER, INC., shall have all  
right to use the name henceforth and shall have all ownership and possessory rights to said  
name.

5. That SOUTH FLORIDA CONSUMER CREDIT COUNSELING CENTER, INC., after its dissolution, has no intention to reinstate the corporation or ever utilize the name SOUTH FLORIDA CONSUMER CREDIT COUNSELING CENTER, INC., in the future.

FURTHER AFFIANT SAYETH NOT.

  
ANA CORDERO

SWORN TO AND SUBSCRIBED before me this 13<sup>th</sup> day of June, 2000.

  
NOTARY PUBLIC, State of Florida at Large

My Commission Expires:



ELOY A. FERNANDEZ  
COMMISSION # CC 631081  
EXPIRES MAR 30, 2001  
BONDED THRU  
ATLANTIC BONDING CO., INC.

**ARTICLES OF INCORPORATION**

**OF**

**SOUTH FLORIDA CONSUMER CREDIT COUNSELING CENTER, INC.**

(In Compliance with Chapter 617, F.S., (Not for Profit))

**ARTICLE I - NAME**

The name of the corporation shall be:

**SOUTH FLORIDA CONSUMER CREDIT COUNSELING CENTER, INC.**

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 782 NW Le  
Jeune Road, Suite 633, Miami, Florida 33126.

**ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is: Credit counseling services and debt  
consolidation.

**ARTICLE IV - MANNER OF ELECTION**

The manner in which the directors are elected or appointed: The method of election of  
directors shall be as stated in the by-laws.

**ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

Ana Cordero  
9343 SW 155 Avenue  
Miami, Florida 33196


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00 JUN 19 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Ana Cordero  
9343 SW 155 Avenue  
Miami FL 33196

IN WITNESS WHEREOF, the undersigned executed the foregoing Articles of  
Incorporation this 13<sup>th</sup> day of June, 2000.

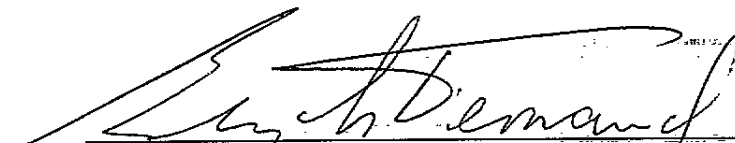


ANA CORDERO, Incorporator

6/13/00  
Date

STATE OF FLORIDA       )  
                                      )  
COUNTY OF MIAMI-DADE )

BEFORE ME, the undersigned authority, personally appeared ANA CORDERO, who is  
personally known to me or who has produced (type of identification)  
Personally Known, as identification, who did (did not) take  
an oath, known to me to be the person who executed the foregoing Articles of Incorporation,  
and acknowledged before me the execution of the foregoing Articles of Incorporation, this  
13<sup>th</sup> of June, 2000.

  
NOTARY PUBLIC, State of Florida at Large

My Commission Expires:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, AND SECTION 617.0501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

THAT SOUTH FLORIDA CONSUMER CREDIT COUNSELING CENTER, INC.,  
DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF  
FLORIDA AS A NOT FOR PROFIT CORPORATION, WITH ITS PRINCIPAL PLACE  
OF BUSINESS AT CITY OF MIAMI, STATE OF FLORIDA, HAS NAMED ANA  
CORDERO LOCATED AT 9343 S.W. 155th AVENUE, MIAMI, FLORIDA  
33196, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SOUTH FLORIDA CONSUMER CREDIT  
COUNSELING CENTER, INC.

By: 

ANA CORDERO

TITLE: INCORPORATOR

DATE: June 2  
MAY 13, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,  
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER  
AND COMPLETE PERFORMANCE OF MY DUTIES.

  
ANA CORDERO

DATE: June 2  
MAY 13, 2000

FILED  
00 JUN 19 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA